Ontario

THE GLOBE, TORONTO.

STANLEY CUP OFF; TEAM IN HOSPITAL WILDE

STANLEY CUP SERIES IS OFF

Five Canadiens and Manager Are Very Ill With Influenza

EACH TEAM WINS TWICE

Lalonde, Hall, Couture, Berlinquette and McDonald Have Temperature of 101-5

Canadiens, Most of Whom Are in Seattle Hospital

PANDEMIC PLANNING GUIDE

FOR THE

ONTARIO PUBLIC SERVICE

MINISTRY OF GOVERNMENT AND CONSUMER SERVICES
EMERGENCY MANAGEMENT AND SECURITY BRANCH

"All too often, it seems that we live in an age of reacting to crisis after the fact, and then debating whether our societal and institutional responses were lacking, or whether we over-reacted. This tendency can be mitigated when the next influenza pandemic arrives, by preparing for it now."

- Dr. Vincent Lam, emergency physician, Giller award-winning author, and co-author of The Flu Pandemic and You.

VERSION 1, 2008

The OPS Pandemic Planning Guide does not contain legal advice, labour relations advice or medical advice. It is intended for information purposes only. If you have general questions about the Guide please contact the Emergency Management and Security Branch at MGCS. For specific legal, labour relations or medical advice, interpretations or issues of entitlement, please consult with the applicable person or group (e.g. legal services, human resources management, or a health care provider).

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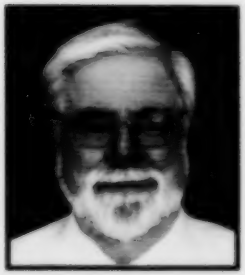
ACKNOWLEDGEMENTS



It is with a mixture of pride and relief that we introduce the first edition of the OPS Pandemic Planning Guide. It is the culmination of two years of hard work by many talented and dedicated individuals. We hope it will be groundbreaking in creating comprehensive workplace pandemic plans. We chose a style that differs from the normal government central agency format that we are all too familiar with. Instead of pages and pages of dense type, we tried to maintain an informal style of writing with "to do" lists, Q's & A's, and a soon to be released companion workbook. A major goal of this Guide is to prepare managers to anticipate the drastic effects that could occur in the diverse OPS workplace during an influenza pandemic. Managers will learn how to plan and prepare to protect themselves and their employees and clients and still deliver critical government services.

The Guide evolved from a framework called the OPS Workplace Health and Emergency Plan (OPS WHEP). That framework raised a list of key strategic issues that were then discussed by the newly formed Pandemic Advisory Committee (PAC), which was composed of OPS subject area experts. The PAC recommendations were then brought to the Deputies' OPS Pandemic Strategic Leadership Committee for review and further direction. This Guide is the end result.

We don't know when the next pandemic will happen, but we do know that we are one day closer then we were yesterday. There is a sense of urgency amongst scientific, medical and emergency management experts that pandemic planning must be put to the forefront. This Guide is a first step. Managers should not think of the Guide as a detailed roadmap, but rather as the 'Mile One' of pandemic planning.

We hope it will start people thinking of even better solutions to some of the challenges identified in the Guide. And when pandemic planning teams have those breakthrough moments of inspiration, we hope they will send those ideas back to us so we can communicate them to others and include them in the next edition. Write to us please, at askEMSB@ontario.ca. We want the Guide to evolve and keep pace with medical and scientific information as it becomes available and with updated versions of the Ontario Health Plan for an Influenza Pandemic.

Although this Guide is designed for the Ontario Public Service, we hope that it will travel far and wide, and provide insight to other organizations as they do their own workplace planning. We know we don't have all the answers and we know there are equally talented and dedicated pandemic planners in many other private and public sector organizations. We invite you also to give us your feedback; we'll be sure to send you a copy of the next edition.

It is here that I would like to write a special thank you and acknowledge the hard work of those individuals involved in bringing this Guide to its current state.

Firstly I would like to thank Deputy Minister Michelle DiEmanuele, who recognized the importance of pandemic planning very early on. I would also like to thank the PAC committee members, the Deputies' OPS Pandemic Strategic Leadership Committee, the bargaining agents who provided vital feedback, and finally the team at the Emergency Management and Security Branch who worked on this project.

Any misdirection, mistakes or incorrect facts you find in the Guide are the fault of the undersigned. Bonnie Baker, Senior Policy Advisor in our Branch, is responsible for the excellence you will find in this Guide. Bonnie held her project team together over the last two years by her strength of will, intelligence and enormous capacity for just plain hard work. Thank you Bonnie, it was a joy to work with you on this project.

Malcolm Smeaton
Director, Emergency Management and Security Branch
Ministry of Government and Consumer Services

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"All the genes of all influenza viruses in the world are being maintained in aquatic birds, and periodically they transmit to other species... The 1918 viruses are still being maintained in the bird reservoir. So even though these viruses are very ancient, they still have the capacity to evolve, to acquire new genes, new hosts. The potential is still there for the catastrophe of 1918 to happen again."

- Dr. Robert Webster, Influenza Expert, Department of Infectious Diseases, St. Jude Children's Research Hospital Memphis, Tennessee

REALITY CHECK

Experts say a pandemic influenza crisis is no longer a question of "if" but "when." A pandemic is a worldwide epidemic, which occurs when a disease spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population.

There have already been three pandemics in the last century and experts say there is likely to be one in our future. Predictions and a terrible legacy of previous pandemics are all we have in terms of what to expect if a pandemic does occur. It is anyone's guess as to when the next pandemic will occur, but today we are one day closer than yesterday. The World Health Organization (WHO) expects that the consequences of a pandemic will last much longer than other natural disasters because outbreaks could reoccur. There could be two or more waves of outbreaks with a total duration that can add up to one year or 18 months when you include the time between the first and second wave.

THE NEW WORLD

The Ontario Public Service (OPS) Pandemic Planning Guide is designed to provide support and guidance to OPS ministry planners, managers and employees in preparing for a pandemic crisis. It is not necessary for ministries to create a separate pandemic plan, but to use this guide to help reinforce their existing business continuity plan (BCP). The objectives of the guide are to:

- Provide consistency in guidance to ministries on their local workplace planning;
- Ensure that measures are in place to protect employees and the visiting public;
- Ensure time-critical services continue to be delivered to the people of Ontario;
- Allow for flexibility in planning for those situations where a different approach is required due to circumstances.

The citizens of Ontario expect leadership from their government, and for this reason, the OPS will be "open for business, but not business as usual" during a pandemic crisis.

Some predictions indicate it will take only a short period of time for the virus to spread around the world. It will happen so quickly there will be no time to plan as it occurs. Some experts say there will be a few months between the first appearance of the virus to when a full-blown pandemic occurs. So much will depend on having sound preparations in place.

The federal, provincial/territorial, and municipal governments are working to protect the health and safety of Canadians during a pandemic. They all either have plans or are working on plans detailing their respective roles and responsibilities. The OPS Pandemic Planning Guide is specifically designed for OPS workplaces but the assumptions on which it is based are consistent with those made in both the *Canadian Pandemic Influenza Plan for the Health Sector and the Ontario Health Plan for an Influenza Pandemic*.

DEVELOPMENT OF THE GUIDE

The Guide evolved from a framework called the OPS Workplace Health Emergency Plan (OPS WHEP), developed

by the Emergency Management and Security Branch in the Ministry of Government and Consumer Services. The OPS WHEP listed key strategic issues requiring decisions in order for pandemic planning to continue.

A Pandemic Advisory Committee (PAC) was formed to provide advice and recommendations on issues identified in the OPS WHEP. PAC members included subject area experts from across the OPS. (See Appendix A for membership of the PAC) Detailed and thoroughly researched issue papers were prepared for each issue and presented to the PAC. The PAC made recommendations on each issue presented to it.

The PAC's recommendations were brought to the Deputies' OPS Pandemic Strategic Leadership Committee, which was established to provide strategic leadership and direction for the significant issues affecting pandemic planning. The Committee's direction on many issues is reflected in the Guide. Some issues are still under review by the Deputies Committee. (See Appendix B for membership of the Deputies Committee)

EASY ACCESS

The information in the Guide is designed to be user-friendly and easily accessible for planners, managers and employees at all levels of the OPS. While the Guide is detailed, it can also be used as a ready resource in a time of crisis and can provide the reader with critical need-to-know information on a number of issues that might arise. Each chapter can be used on a stand-alone basis so key planning messages may be repeated in many chapters.

There is a table of contents and within each chapter readers will find cross-references to other parts of the Guide.

The chapters follow a consistent format with an overview of a particular subject area, followed by specific considerations and planning goals for planners, managers and employees under the heading "The Way Ahead." The planning goals in "The Way Ahead" section can be discussed at planning team meetings. Then, the planning team can decide how these planning goals should be applied to the ministry and when they should be implemented, based on risk management principles.

Ministry pandemic planners will have to determine when each planning activity should commence. Resources permitting, a number of activities can be planned well in advance and operationalized soon; other activities can be delayed for some time or may be appropriate for "just in time" delivery immediately prior to the arrival of the pandemic in Canada.

Ministry senior management should then approve revisions to the ministry's BCP before new pandemic initiatives are implemented. MGCS will work with ministry planning teams to ensure that pandemic initiatives are implemented consistently among ministry BCPs across the OPS.

There are questions and answers at the end of most chapters and links to relevant websites where additional resources can be found. Ministry planning teams are encouraged to add questions to the Q & A sections, especially questions unique to their own ministries. New questions of a corporate nature should also be copied to MGCS for inclusion in future editions of the Guide. Once a pandemic is a reality, MGCS will roll up the Qs and As and after a final review communicate them to OPS employees. Readers are encouraged to learn more about pandemic planning by reviewing the materials on the websites provided.

Throughout the guide there are references to ministry planning teams within the BCP program. The expectation is that these teams will consist of program managers and representatives from a variety of areas. These areas can include emergency management, business continuity planning, human resources, employee relations, employee health, safety and wellness, communications, facilities and other areas as appropriate based on the unique business of each ministry.

PANDEMIC PARTNERSHIPS

Ministries may also decide to invite local representatives of bargaining agents to assist in the pandemic planning process. The reality is that once a pandemic arrives in our workplaces, many pandemic related issues including health and safety issues will likely arise. These issues may relate to personal protective equipment (PPE), screening, cleaning protocols and antivirals and vaccines, to name only a few. Before, during and after a pandemic, managers should also work cooperatively with local and, where they exist, with ministry Joint Health and Safety Committees (JHSCs) to address employee issues and concerns. Joint Health and Safety Committee members can draw on their knowledge of OPS jobs, policies, procedures and practical experience to recommend actions to address pandemic related health and safety concerns in the workplace. It makes sense to establish trusted relationships now, before the pandemic's arrival, than to try and explain all the reasoning and research that has gone into the planning once the pandemic crisis occurs.

This Guide will evolve as planning continues, assumptions about the pandemic change and new information becomes available. As noted in the previous section, there are also decisions that have not yet been made by OPS senior management; as these decisions are made, they will be reflected in future editions of the Guide.

If you are an OPS manager, you can get more information on pandemic planning in your ministry by contacting your ministry Business Continuing Planning Co-coordinator.

BETTER MANAGERS

Many OPS managers have developed skills in emergency preparedness and response through their experience in a number of emergencies, including the 1998 ice storm, SARS and the 2003 power outage. OPS managers and planners will learn a lot about pandemic preparedness by working with this Guide. This knowledge will build confidence in making the right pandemic related decisions at the right time. The practical planning advice in this Guide will make the OPS a safer workplace during a pandemic and will allow us all to do a better job of assuring that critical services continue to be delivered to the people of Ontario during a pandemic crisis.

FOR OUR NON-OPS READERS

It should be noted that this guide is written for the OPS workplace. The OPS consists of approximately 25 ministries varying in size from several hundred employees to many thousands of employees. The variety of businesses carried out by OPS employees is also very broad. This planning guide is premised on the fact that all ministries already have business continuity plans (BCPs) in place. Detailed information on the approach we have taken to business continuity planning can be found in Chapter 19: A Brief Guide to Business Continuity Planning in the OPS.

Although the approach taken in preparing this Guide is tailored to the OPS, it can be adapted to other organizations. Most, if not all, of the issues discussed in the Guide should be considered by all organizations as they embark upon enhancing their BCPs to be resilient enough to withstand the effects of a pandemic. If you do use parts of this Guide for your organization, we ask that you acknowledge our contribution in your own document and send us a letter letting us know, so we can see how far and wide our Guide has traveled. You can contact us at:

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OWING to prevalence of influenza the Board of Education has decided to close all the Collegiate Institutes and Public Schools until further notice, this to take effect to-day, Tuesday, October 15th, 1918.

W. O. McTAGGART,
Chairman Management Committee

CHAPTER 1

WHO DOES WHAT

Context for Pandemic Planning

"My personal experience as Ontario Health Minister during the SARS outbreak taught me to expect the unexpected. We learned several valuable lessons...we were not as prepared as we might have been. Communications and collaboration among jurisdictions in Canada, and certainly internationally, needed to be improved."

- Tony Clement, MP and Minister of Health

A flight that leaves Hong Kong International Airport (HKIA) takes just 11 hours to reach Vancouver. An average of 225 international flights take off from HKIA daily. Each carries as many as 450 passengers to as many as 120 locations around the world. So pandemic influenza will travel on the wings of man to all corners of the globe.

In our world, no country can successfully combat the pandemic on its own. To avoid being caught by surprise and quickly overwhelmed, international co-operation and co-ordination of efforts will be required. Similarly, within a country, all levels of government will be expected to co-operate and co-ordinate their responses.

WHO IN THE WORLD

When the pandemic threatens, every moment will be crucial. But before governments can mobilize their resources, they first must recognize that the pandemic has begun. Second, they must have clearly identified the influenza strain. On the global stage, the World Health Organization (WHO) has been tasked with monitoring flu activity and providing timely identification of the flu strain. However, the WHO influenza surveillance net is far from complete. For example, many of the largest countries in the developing world do not have the resources or infrastructure to carry out effective surveillance.

During the 1918 pandemic, geographic isolation was no protection. In Northern Labrador, villages like Okak and Hebron were nearly wiped out. One third of the Inuit people on the Labrador coast died.

In addition to its monitoring role, the WHO also has developed an influenza preparedness plan that proposes what actions governments ought to take during different phases of the pandemic.

FLUWATCH

Since 1996, Canada's nation-wide Fluwatch program has been compiling a weekly report on influenza outbreaks. In addition to this nation-wide surveillance, MOHLTC has established 'an early warning system' to identify individuals with influenza like illness, in order to catch any 'clusters' of respiratory infection.

CANADIAN PANDEMIC PLANS

The WHO uses the following six phases of a pandemic to help guide response planning:

The Canadian and Ontario health care sector plans use a numbering system in conjunction with the WHO phases to indicate the level of pandemic activity

Period	Phase	Description
Interpandemic Period	Phase 1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of 'spread to a close contact.
	Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Increased and sustained transmission in general population.

within Canada. For more information on this numbering system, go to the following website:

www.phac-aspc.gc.ca > infectious diseases > influenza > pandemic influenza

FEDERAL GOVERNMENT PLANNING

The Government of Canada has developed the ***Canadian Pandemic Influenza Plan for the Health Sector.*** This plan clarifies the roles and responsibilities of those involved in the emergency. The focus is on health care planning, with the goal of reducing the number of deaths from influenza and mitigating the effects of the illness. It also lays out how the nation will prepare for and respond to the pandemic so that social disruption is kept to a minimum.

PROVINCIAL PLANNING IN ONTARIO

The province has three plans at the ready.

The ***Ontario Health Plan for an Influenza Pandemic*** (OHPIP) describes how the province's health care system will respond to the influenza pandemic, sets out a comprehensive province-wide approach to health preparedness and response planning, and provides information to guide local pandemic planning groups. The Ministry of Health and Long-Term Care in co-operation with health care organizations across Ontario developed the plan to ensure the health care system is ready to respond to the influenza pandemic.

Emergency Management Ontario (EMO) created the ***Provincial Co-Ordination Plan for Influenza Pandemic.*** It is designed to co-ordinate the provincial emergency response in support of the OHPIP. The co-ordination plan provides important linkages between federal, provincial, and municipal organizations.

In addition to these two plans, the ***OPS Pandemic Planning Guide***, the guide you are reading, is intended to outline the roles and responsibilities of ministry planners, ministry managers, and OPS staff in preparing for and responding to the pandemic. This guide lays out what measures must be put in place to protect the health and safety of employees and what ministries, managers and staff must do to ensure that critical government services can be provided during the pandemic.

WHAT NOW?

The influenza pandemic is coming. Perhaps it will arrive sooner than later, or later rather than sooner. But it is no longer a question of "if" but when. In preparation, we are working to ensure that our health care system and all other emergency response organizations are ready and able to deliver timely and effective services.

Preparation. Co-operation. Co-ordination. These three crucial words can be used to guide planning at all three levels of government – federal, provincial/territorial, and municipal.

THE WAY AHEAD

FOR MGCS

- Provide for the health and safety of OPS employees and others visiting government buildings.
- Ensure the continued provision of time-critical government services during a pandemic.
- As the employer, issue direction to ministries on corporate policies, which must be applied consistently across the OPS. Direction will include triggers for the start and end of pandemic-related provisions.
- Consult with the bargaining agents on issues related to pandemic planning.
- Assist ministries in pandemic planning by issuing tools, templates, and guidance.
- Conduct train-the-trainer sessions and/or issue training materials for variety of pandemic-related provisions.
- Update the OPS Pandemic Planning Guide as new information becomes available.

FOR MINISTRY PLANNING TEAMS

- Draft terms of reference for your Ministry Planning Team and decide how planning will be organized in your ministry.
- Speak to managers and ministry senior management and at ministry meetings and conferences on pandemic planning in Ontario.
- Provide briefings at ministry divisional and branch meetings on OPS and ministry pandemic planning.
- Ensure that pandemic awareness sessions are delivered to ministry managers and employees.
- Work with other emergency planners to develop joint approaches to pandemic planning and to the issuing of consistent and uniform messages in support of the ministry's pandemic planning.

- Start developing a work plan for pandemic-related activities.
- Encourage managers to work with Joint Health and Safety Committees to establish regular teleconferences to deal with common issues raised by the ministry.
- Talk to and communicate with bargaining agents during planning and implementation.

FOR MANAGERS

- Discuss OPS and ministry pandemic planning at your branch/unit meetings.
- Contact your local public health office or hospital to invite a qualified individual to branch or unit meetings to speak about the pandemic and its likely effects.
- Work with JHSCs to deal with ministry issues.

FOR EMPLOYEES

- Develop your own personal/family pandemic plan in order to be prepared for the pandemic.
- Develop an awareness of federal and provincial pandemic planning initiatives.
- Discuss pandemic planning with your family and friends.

Questions & Answers

Q. Where can I get copies of the international, federal and provincial pandemic plans?

A. The World Health Organization's Plan is available on the WHO website at:

WHO > Programmes and projects > Epidemic and Pandemic Alert and Response (EPR) > EPR Information Resources > EPR Publications

The Canadian Pandemic Influenza Plan for the Health Sector is available on the federal government's website:

www.phac-aspc.gc.ca > infectious diseases > influenza > Canadian pandemic influenza plan

The Ontario Health Plan for an Influenza Pandemic is available on the MOHLTC website at:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > 2007 ontario health plan for an influenza pandemic

The Provincial Co-ordination Plan for Influenza Pandemic is available on the MOHLTC website at:

www.health.gov.on.ca > public information> ministry programs > emergency management unit > influenza pandemic planning > plans, presentations, and resources > provincial influenza pandemic plans and guides

Q. Who developed the OPS Pandemic Planning Guide?

A. The OPS Pandemic Planning Guide was developed by the Ministry of Government and Consumer Services with the assistance of a Pandemic Advisory Committee made up of subject area experts from emergency management, public health, occupational health and safety, corporate health and safety, legal services, corporate employee relations, corporate communications, corporate compensation, security, law enforcement, facilities, frontline counter services, and I and IT. A senior level committee of deputy ministers provided the key pandemic planning decisions which form the basis of the OPS guide. The guide will continue to be reviewed, revised and updated as pandemic planning continues.

Q. What should I do to prepare for the pandemic?

A. You should talk about pandemic planning with your family. The pandemic will affect your home and work as well as your community, including schools and day care centres.

You need to have a plan that will help you minimize the impact of the pandemic on your family. Things to consider include what alternatives you have if your child's school or day care is closed, how will you be able to help family members if they become ill, by what other means can you get to work if transit is affected, and how can you ensure that in the event of your becoming ill your family is able to access banking and other financial services.

For fact sheets on personal pandemic preparedness you can consult the following website:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > publications > influenza pandemic > fact sheets

Q. Aside from governments and the health care sector, who else is developing pandemic plans?

A. Organizations in the broader public sector as well as private sector businesses are working on their own pandemic plans.

You should ask the organizations that you depend on for services (e.g., schools, day care) what plans they have in place to respond to the pandemic and whether they will continue to provide their full range of services, only limited services, or will they close.

CHAPTER 2

OPEN FOR BUSINESS BUT NOT BUSINESS AS USUAL

Will Government Services Continue to be Provided During a Pandemic?

"The first duty of government is to see that people have food, fuel, and clothes."

- John Ruskin, 1876 Social Critic

THE BUSINESS OF GOVERNMENT

Today, the people of Ontario look to their government for more than the provision of essential goods. They look to it for critical services. This will be especially true during the pandemic when the private sector may be unable or unwilling to continue "business as usual". Government will be expected to deliver information, advice, assistance – financial as well as physical – security, and above all leadership. This crisis will strain the resources of the government. Nevertheless, every effort will be made to maintain critical government services as well as the level of quality of these services. Ensuring the public is able to access these services and is able to communicate directly and in-person with government representatives is fundamental. So not only must the government "take care of business, it must also be observed by the public to be taking care of business." For this reason, keeping the doors open to the buildings that house these services will be key to maintaining public confidence in government.

AN OPEN AND SHUT CASE

The government must also be seen as a responsible employer. Maintaining the health and safety of its employees, clients – all who either work in or visit public buildings is of primary importance. During this pandemic, then, the challenge will be to provide the maximum level of service that is consistent with accepted health and

safety practices. So, while the public will see that their government is open for business, it will not be business as usual.

EMPLOYEES EXPECTED AT WORK

No one can state with certainty what impact a pandemic will have on the ability of the OPS to deliver services. However, based on the evidence from past pandemics, certain predictions have been made.

According to data generated by the Meltzer software model developed by the Centers for Disease Control and Prevention and also used by the *Canadian Pandemic Influenza Plan for the Health Sector*, pandemic influenza may lead to as many as 15 to 35 per cent of the population becoming ill. It is also highly likely there will be two or more waves of infection over a period of up to a year or 18 months, with each wave lasting six to eight weeks. Different areas of the province also may be gripped by influenza at different times.

Current estimates are that 20 to 25 per cent of employees may be absent from the workplace during the peak two weeks of a pandemic wave. Other employees may also be away from work caring for ill relatives. The pandemic will strain all workplaces and by extension the supply of all goods and services. Therefore we will need everyone working who can, in order to minimize the overall effects of a pandemic. By working together and staying at work - unless sick- we can minimize the social, economic and psychological effects. Hiding from the virus, no matter how appealing it may sound, will worsen the effect and simply not work. The virus will not be confined to the workplace. It will be in schools, stores, and homes, - virtually everywhere. Unless one can avoid any contact with others for extended periods of time, then hiding will not work.

Given this scenario, it is expected that all employees who are able to do so should report to their normal work location. The employer will implement the necessary infection prevention and control measures and provide appropriate personal protective equipment (PPE), as required, to minimize the spread of influenza. See Chapter 9: Some Little Flu Bug, for more information about these strategies.

> In Eastern Ontario, during the 1998 Ice Storm, many OPS employees put the needs of citizens first and came to work even though their families and their homes were directly affected by the storm.

SETTING PRIORITIES

Should the pandemic develop in unexpected or ever more serious ways, there may come a time when people and other resources may not be available to maintain the broad spectrum of government services. Ministries will be expected to make some hard decisions about which

services to support, in accordance with corporate guidance. Some services may have to be scaled back while others are temporarily suspended. The goal is to maintain and support the services that are at the critical core of the OPS's business. All else can be put on hold until the crisis is over.

FAILING TO PLAN IS PLANNING TO FAIL!

Beginning in 2005, ministries were charged with maintaining comprehensive Business Continuity Plans (BCPs). See Chapter 19: A Brief Guide to Business Continuity Planning in the OPS. Both employees and managers worked together to prepare the plans that identify the time-critical services[1] or functions of their work unit. Now there is a need to rationalize this list of services to ensure that similar business services are given the same level of priority across the OPS. Ministries have been advised they are to identify which services can be suspended first, as well as the order in which they can be resumed, taking into consideration the expected high levels of absenteeism and the unpredictability of staffing during the pandemic. As well, there must be a rationalization of time-critical services across the OPS. This will require approval at the most senior levels of government.

REGIONAL CONSIDERATIONS

The pandemic may affect different parts of the province at different times. Should this situation arise, no matter how short-lived, there may be no reason to suspend non-time-critical services in those parts of the province that remain unaffected. So, ministries should expect regional variations in what services they can and are able to deliver.

MINISTRIES HELPING MINISTRIES

As the pandemic ebbs and flows across the province, ministries must be ready to respond by reducing the people and resources assigned to non time-critical services and shifting both to time-critical services. One ministry may also be asked to assist another ministry to deliver those critical services that are assigned an overall greater priority in a specific geographic location.

[1]Time critical services are services that must be resumed within a recovery time objective of less than one week. The identification of these services is based on standard criteria (e.g., impact on the health, life and safety of employees and clients). Some of these services may have to be provided continuously (e.g., water treatment).

As well, because it is expected the pandemic will wash over the province in two or more waves of infection lasting six to eight weeks each and from three to nine months apart, ministries will probably be faced with having to periodically reduce their service levels. Processes should be in place in order to ensure that lessons learned during a prior infectious wave are applied in the succeeding one.

HUMANITARIAN CONSIDERATIONS

Ministries should also take into account the impact of the pandemic on those employees who remain healthy. Many will have an ill family member or friend they are required to look after. Many will be grieving a loved one. In this atmosphere, productivity will likely be compromised. People cannot, and should not, be expected to work or perform as if everything is normal. As a result, employee assistance programs will likely be strained to accommodate the demands made upon them.

THE WAY AHEAD

FOR MGCS

- Work with ministries to revise/update and prioritize their lists of time-critical services.
- Provide ministries with tools for managers and employees to use in developing pandemic transition or briefing binders related to their jobs.
- After each wave, evaluate the OPS response to the pandemic and make adjustments, as required.

FOR MINISTRY PLANNING TEAMS

- Review the ministry's updated Business Continuity Plan.
- List, in order of priority, time-critical services, get senior management approval of the list and submit updated lists to MGCS EMSB.
- Work with managers to confirm their strategy to deliver services during the pandemic, which could include turning to the private sector, or hiring retirees or fixed term staff.
- Ensure ongoing training programs are in place for personnel who are the designated alternates and backups to time-critical service workers.
- Consult with managers to determine if the use of alternate workplace arrangements will provide assistance in delivering time-critical services (see Chapter 5: Alternate Workplace Arrangements).
- Assess the opportunities to increase the use of "e-government" in the delivery of time-critical services.
- In multi-ministry buildings use your building committees to develop mutual support programs for all time-critical services being delivered in the building.
- Develop a schedule of exercises to test your ministry's pandemic planning; include building-wide exercises. Involve your ministry back ups in exercises.
- Continue talking to and communicating with bargaining agents during both the pandemic planning and implementation stages.

FOR MANAGERS

- Review your area's BCP to confirm the time-critical ranking of your business services.
- Identify two alternates, if possible, for staff required to deliver time-critical services.
- Train backups or alternates for employees who deliver time-critical services in case illness or fatigue should cause further absenteeism.
- Ensure backups and transition materials have been prepared for employees who may request leave to assist family members who become ill.
- Determine if there are services that can be delivered effectively using alternate workplace arrangements.
- Keep an up-to-date record of employee contact information.
- Discuss with each employee his or her skill sets and experiences acquired during past or current employment.
- Keep your local union representatives informed and ask for their help in reassuring employees about the situation and by having them relay employee concerns.
- Advise/provide direction to employees regarding the preparations for a pandemic.

FOR EMPLOYEES

- Protect your own health, the health of your family, and your colleagues (See Chapter 20: What You Need to Know: Personal and Family Preparedness for an Influenza Pandemic).
- Consider alternate travel arrangements in case public transportation is disrupted or your regular ride becomes ill.
- If you are a time-critical service employee, keep your backup or alternate informed about the status of your work - put together a pandemic 'transition' or 'briefing' binder for your position. Keep the focus of the pandemic transition binder on operational materials and procedures that form the core part of the job.

Questions & Answers

Q. Why not just close all the non time-critical services and send employees home?

A. Government has made a decision to continue offering public services unless employees and other resources are not available. The presence of open government offices in communities signals that the government and its employees are continuing to work for the greater good of all citizens.

Q. How do I know if the service I provide is a time-critical service?

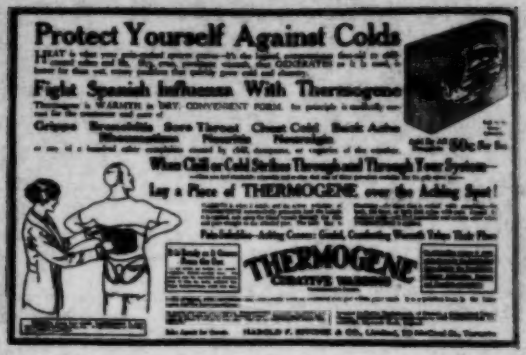
A. In the process of preparing Business Continuity Plans, ministries assessed each service against a set of standard criteria. Time-critical services are generally services that assist in safeguarding the life, health, and safety of clients and employees. Check with your manager to see if the service you help provide is time-critical.

Q. If I help deliver a time-critical service and I start to feel sick, should I try to get into work anyway?

A. No. Please do not come to work during the pandemic if you feel sick, no matter how critical the service is you help provide. To do otherwise is to put your own health at risk and the health of your clients and co-workers. Stay at home. Inform your manager. And decide whether you need to seek appropriate assistance from a health care provider.

Q. What if I'm at work and I start to feel sick? What should I do?

A. Follow the normal procedure for your workplace to inform your manager and/or get your manager's approval to leave the workplace. Leave the workplace and go home. Decide whether you need to seek appropriate assistance from a health care provider.


Protect Yourself Against Colds
Fight Spanish Influenza With Thermogene
When Chill or Cold Strikes Through and Through Your System—
Lay a Piece of THERMOGENE over the Aching Spot!
THERMOGENE

CHAPTER 3

COMMUNICATING THROUGH A PANDEMIC CRISIS

Roles and Responsibilities in Pandemic Communications

"We have had great success in the [last] five years in controlling outbreaks, but we have only recently come to understand that communications are as critical to outbreak control as laboratory analysis or epidemiology."

- Dr. Jong-Wook Lee, Former Director-General, WHO, on Sept 21, 2004

Timely, accurate, clear, and consistent communication is an important element in managing any emergency. It will play an equally vital role in a pandemic crisis and will act as a cornerstone of the OPS pandemic planning strategy. OPS employees, clients, stakeholders and members of the visiting public will need to have accurate and up-to-date information so that appropriate action can be taken to help minimize the spread of infection and ensure the delivery of time-critical services.

There will be some communication challenges because of the expected high levels of employee absenteeism. The flow of appropriate information to the right people will be necessary to facilitate implementation of the response required for a pandemic crisis. This will allow employees, OPS clients and the visiting public to feel safe, secure and informed.

A COMMUNICATIONS PLAN FOR THE BIG PICTURE

Pandemic planning will require the development of a corporate communications plan. That plan will identify target audiences, stakeholders, contentious issues, key messages, timing, and also the format of anticipated communication such as memos, Q's and A's, among others.

One of the most important aspects of communications planning during a pandemic will be to provide frequent

updates to all ministries and their employees on "how the OPS is doing."

Ministries will be asked to provide required information to the Corporate Response Centre (CRC). This information will then be "rolled up" and disseminated to the ministries so that an accurate view of what is happening can be shared across the OPS. This should curb the unnecessary spread of rumours and panic throughout the OPS.

COMMUNICATING RESPONSIBILITY

Some pre-pandemic communications are currently in development. The Ministry of Health and Long-Term Care (MOHLTC), for example, already provides extensive and useful information on its public website for health care providers and the public. There is also the existing "Pandemic Stay Healthy Strategy," created by the Emergency Management and Security Branch (EMSB), MGCS, in consultation with MOHLTC. This campaign highlights hand hygiene, cough and sneeze etiquette and an influenza pandemic preparedness brochure for OPS employees. Information on hand hygiene currently resides on the Organizational Health and Wellness website on MyOPS, at: OPS Workplace Health and Wellness under Helpful Links.

Intranet: intra.ops.myops.gov.on.ca > OPS Workplace Health and Wellness

COMMUNICATION PLANS

MOHLTC has developed an information cycle to use during a pandemic or other health emergency. MGCS will receive timely and accurate information at regular briefings, which will be held at the same time each day.

The government will likely provide a communications website with updates on health and safety information and general prevention strategies for Ontario workers. Also, EMSB has been working with ministries to enhance their Business Continuity Plans (BCPs) to anticipate the specific effects of a pandemic. In 2007, ministries were asked to include a communications plan as part of their BCP to ensure there are existing protocols in place to disseminate information to the media, internal and external stakeholders, as well as employees during any number of emergencies, including a pandemic.

COMMUNICATIONS BEFORE, DURING AND AFTER

MGCS will play a key role in coordinating the flow of information to OPS employees before, during, and after a pandemic. MGCS will issue communications to ministries on approved infection prevention and control measures and will work with infection control specialist(s) to provide required training so that when the pandemic hits, everyone will be as ready as they can be.

When the pandemic appears to be imminent, MGCS will issue corporate messaging, information and guidance through various communication tools such as Q's and A's, and in some cases, signage. Some of the information may be disseminated through the Corporate Response Centre (CRC), once it has been activated. For example, corporate messaging will be disseminated on the general expectations of employees in terms of reporting to work and keeping in contact with their managers for direction on work assignments. Q's and A's related to the activation of specific corporate policies or general approaches to the pandemic response will also be distributed to managers and employees.

Ministry communications branches will share in the responsibility for distributing corporate communications to ministry managers and staff, in accordance with their emergency communications protocols. Ministries may also contact the CRC during an emergency with specific corporate questions. Responses to these questions are normally provided to ministry employees based on corporate direction received from MGCS. OPS ministries will continue to follow existing communications protocols regarding issues specific to their locations, such as media calls on local issues. They may also provide updates on the availability of locally-based ministry services, the accessibility of buildings and facilities for which they are the building lead, and their ministry's approach to the use of alternate work arrangements to deliver ministry services.

Ministries will also provide information to the Corporate Response Centre at 416-325-5335, as required. This information will likely include employee attendance data, which is crucial to making decisions about the delivery of ministry business services.

For ministry managers, there will be ongoing communications with their employees to provide information and clarification on work-related issues and instructions on where employees are expected to report to work. Managers will also continue to track employee absences and health status information, and will maintain up-to-date contact information for all employees.

During the recovery period, ministries will distribute information to their managers and employees through the transition to 'normal' based on staff levels within their ministry.

MGCS will ensure that all communications products are consistent with MOHLTC messaging and will rely on MOHLTC to ensure the accuracy of health-related information. Simply put, proactive and collaborative pandemic influenza communications planning is a necessity. And it will also demonstrate the leadership and accountability of the Ontario government in protecting OPS employees and the public during the pandemic.

> 10,000 calls per day were made to Telehealth Ontario during the SARS crisis.

THE WAY AHEAD

FOR MGCS

- As employer, coordinate the flow of information to OPS employees before, during and after a pandemic.
- Issue corporate messaging, information and guidance through various communication tools such as Q's and A's, and in some cases, signage.

FOR MINISTRY PLANNING TEAMS

- Work with ministry program area staff to ensure that emergency communications plans and systems are in place for the ministry.
- Test your ministry's emergency information and communications system. This includes conducting notification drills and testing your primary backup systems for communicating with employees and internal and external stakeholders. These tests can be conducted separately or as part of a larger exercise.
- Work with ministry managers to ensure that emergency contact information is kept up to date.
- Coordinate with managers to develop ministry-specific messaging that may be required during a pandemic or other emergencies.
- Ensure that corporate messaging is distributed to managers and employees in your ministry.
- Keep in contact with local representatives of OPS bargaining agents.

FOR MANAGERS

- Keep in contact with all employees, including those supporting the delivery of time-critical services in your program area during the pandemic.
- Keep an updated record of employee contact information.
- Ensure employees know how to obtain information during an emergency.

- Ensure all corporate communications are distributed to your employees.
- Read Q's and A's for both managers and employees, so you are familiar with information targeted to both groups.
- Be available to respond to employee questions before, during, and after the pandemic.
- Keep in regular contact with your local workplace representatives of OPS bargaining agents and with your JHSCs or Health and Safety Representatives.

FOR EMPLOYEES

- Do what you can to protect your own health, the health of your family and your colleagues.
- Approach your manager if you have questions on any communications materials that have been issued before, during and after the pandemic. Keep your manager informed about the status of your work.
- Provide updates on your contact information to your manager.
- Wash your hands often. (See Chapter 6: Inevitability of a Pandemic)

Questions & Answers

Q. I am an employee that supports the delivery of time-critical services to clients. If I start to feel sick, should I try to get into work anyway?

A. Please do not come to work during the pandemic if you feel sick no matter how time-critical the service is that you help provide. You risk your own health and the health of other employees. Stay at home, inform your manager and decide whether you need to seek appropriate assistance from a health care provider.

Q. I don't think I'm receiving all of the communications, e.g. Q's and A's that have been issued. What should I do?

A. Speak to your manager. Your manager will ensure that you receive all of the communications products that have been issued to employees.

Q. How will I know if I'm supposed to report to work during the pandemic?

A. You are expected to work during the pandemic, since the government will be open for business. If there is a change in your work arrangements, your manager will contact you with up-to-date information. Please ensure that you provide changes in contact information to your manager.

Additional Information – Useful Websites

Ministry of Health Public Information on Influenza Pandemic Planning

General Plans, Presentations, and Resources:

www.health.gov.on.ca > public information> ministry programs > emergency management unit > influenza pandemic planning > plans, presentations, and resources

CHAPTER 4

CARRYING ON

Workplace Reassignments

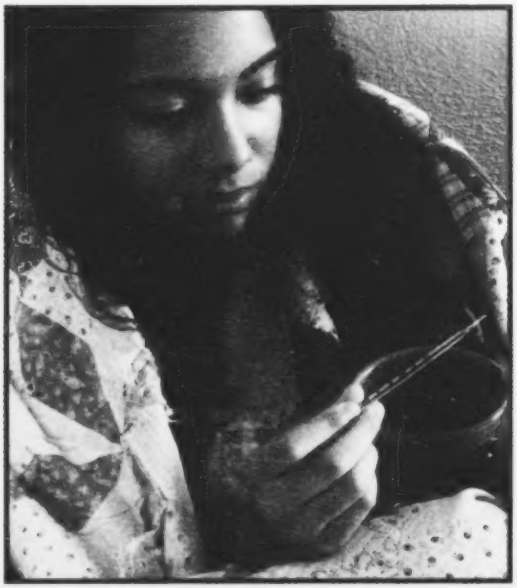
During the 1918 pandemic, ten thousand railway workers in eastern Canada were off sick and the Canadian Railway Board was forced to ask that their ex-employees in army camps be released to get traffic moving.

- Eileen Pettigrew, The Silent Enemy: Canada and the Deadly Flu of 1918

With up to 35 per cent of the population at risk of becoming ill over the course of the pandemic influenza crisis, the *Ontario Health Plan for an Influenza Pandemic* projects that workplace absenteeism rates will be 20 to 25 per cent. To cope with these rates, pandemic plans drafted by organizations such as the Ontario Ministry of Health and Long-Term Care and the US Department of Health and Human Services recommend that employers identify those people on staff who have the appropriate skill sets to supplement critical staff who become ill.

Here in the OPS, as part of the pandemic component that is incorporated into the BCP requirements, ministries were asked to identify two alternates, if possible, for members of the ministry action group (MAG) and for staff required to deliver time-critical services. In addition, ministries were asked to provide appropriate training and orientation for alternate staff.

Because the rates of absenteeism during the pandemic crisis are projected to be significantly higher than usual, the employer will be unable to maintain all business services at normal levels (See Chapter 2: Open for Business But Not Business as Usual). Non time-critical services will continue to be offered so long as resources and personnel remain available. However, the focus will be on maintaining time-critical services. A successful effort will require the assistance of reassigned employees.



WORKPLACE REASSIGNMENTS

Extraordinary times call for extraordinary measures. The pandemic influenza crisis will, at the very least, be a time that calls for the extraordinary. Therefore, all employees, regardless of employee group, and including managers and senior executives, may be eligible for reassignment. Exceptions will be employees already working at a prioritized time-critical service, or employees being accommodated or requiring employment accommodation during the pandemic. They will remain where they are.

While no one can predict the extent to which reassignment will be required during the pandemic crisis, it is safe to assume that reassignments will affect all ministries. So, ministries are encouraged to identify early on alternates for specific positions. Ideal candidates are those who already have the knowledge and skills required in the target position, or who have performed the work previously. Only by identifying alternates before the need for them arises and by ensuring they have received adequate training for the demands of the job, will employee reassignment be successful.

MOVING AROUND

Most experts suggest that the effects of pandemic influenza will not be felt uniformly across the province. Because of Ontario's vast size, it is likely that some areas will be harder hit than others or will be hit at an earlier or later time. Because of this, some ministries will be more affected than others, or will be affected sooner than others. For example, pandemic influenza may appear first within the GTA long before affecting other areas. With 90 per cent of critical IT infrastructure located in the GTA, a disastrous curtailment of IT services could result if adequate replacement staff are not at hand. So, to ensure that prioritized time-critical IT services are maintained, for instance, it may be necessary to reassign employees to other positions within their current bargaining unit; reassign them to a different bargaining group; or reassign them to a non-bargaining employee group. And while the initial and preferred approach to reassignment is to move ministry employees within a pre-determined geographic area, it may

become necessary to expand reassignments to include moving employees across the province and between different ministries.

The employer and OPS bargaining agents will discuss all proposals regarding reassignments and arrive at mutually acceptable arrangements that respect collective agreements. Individual ministries will be responsible for reassigning employees within their own geographic area. MGCS Emergency Management and Security Branch (EMSB) will co-ordinate any corporate reassignments that may be required during the pandemic influenza crisis. EMSB has developed a database that will facilitate matching employees to positions based on knowledge and skills profiles. HR will manage the collection of this data as they have done in other situations where employees have been reassigned.

During the pandemic crisis, the employer's obligations under the *Occupational Health and Safety Act* to provide a safe working environment remain unchanged. So, the employer will ensure that employees are provided with training and required protective equipment for the type of work to which they are being reassigned. The health and safety of all employees will remain paramount during any reassignment.

As with other elements of the pandemic response, triggers will be required for when employees are reassigned and when the reassignment ends. These

triggers will be geographically specific, depending on the course pandemic influenza takes across the province.

AUGMENTING THE WORKFORCE

Another strategy that the OPS will use to ensure that prioritized time-critical services continue to be delivered is to offer fixed term contracts to retirees and consultants during a pandemic. They will need to be retained in advance but will only be used in the event that OPS employees are unavailable to deliver time-critical services.

Hiring retirees allows the government to draw on experienced workers who will likely require minimal training before filling positions. The employer is currently reviewing existing guidelines and pension legislation to explore the possibility of relaxing pension rules that restrict the earnings of retirees.

THE WAY AHEAD

FOR MGCS

- Discuss all reassignment proposals with the OPS bargaining agents and come to mutually acceptable arrangements that respect collective agreements.
- Review current guidelines and pension legislation restricting retirees' earnings and consult with all appropriate parties.

FOR MINISTRY PLANNING TEAMS

- Identify at least two alternates for ministry action group (MAG) members and document the information in your BCP.
- Work with ministry managers to identify the knowledge and skill sets required to deliver time-critical business services. Identify any special credentials or certification that might be required. If possible create a pandemic transition binder either on paper or electronically to assist the alternate to take over the critical functions of the job.
- Determine if there is any generic training that will assist employees who may be asked to act as alternates to other positions.
- Ensure that pandemic preparedness sessions are delivered to ministry managers and employees.
- Work with ministry managers to identify where retirees and/or consultants may be able to assist in the delivery of prioritized time-critical services if ministry alternates are not available.
- Discuss with MGCS EMSB issues raised by ministry managers related to reassignment. This may include staffing needs, if suitable alternates cannot be found within the ministry.
- Communicate with local ministry representatives of OPS bargaining agents.

FOR MANAGERS

- Identify the knowledge and skill sets required to deliver the time-critical business services. Identify any special credentials or certification that might be required.
- Identify two alternates, if possible, for staff required to deliver time-critical services.
- Document workplace protocols and prepare pandemic transition binders as directed with the Ministry Planning Team and in consultation with employees.
- Develop and deliver appropriate training and orientation for alternate staff.
- Identify staffing needs to ministry planners in the event suitable alternates cannot be found.
- Discuss with your ministry HR consultant any questions you might have regarding the terms and conditions of reassignments.

FOR EMPLOYEES

- If you are a critical service employee work with others to create a pandemic transition binder, to orient an alternate or back up to the key components of your job.
- Attend the training and orientation sessions offered to you if you are designated as an alternate. Read and familiarize yourself with protocols and pandemic transition binders, as they are given to you.
- Discuss with your manager any issues or concerns you may have relating to the alternate position.
- Attend ministry awareness sessions on pandemic preparedness.

Questions & Answers

Q. I am worried that I will be reassigned to a location far from my family. Is that possible?

A. Yes. However, every effort will be made to minimize dislocation within the OPS and to minimize the disruption of employees' personal lives. If reassignment is required to keep time-critical services up and running, ministries will first look to find alternates within the same geographic area. Only if no qualified employees are available will ministries then look outside the geographic area.

Q. Will I be sent to perform a job that I am not qualified to do?

A. Employees will be provided with the training and all necessary equipment they need to do the job to which they are reassigned.

Q. What if I incur expenses because of the reassignment?

A. As noted in Chapter 11: Working Expenses, all reasonable expenses, such as travel costs, meals, and accommodation will be reimbursed.

Q. Will I get additional pay because of the reassignment?

A. As noted in Chapter 10: Where's the Money, employees will be paid according to their current entitlements. No employees will have their salaries lowered, regardless of the job to which they are reassigned.

Q. Will a reassignment have a negative effect on my merit date or my eligibility for incentive/pay for performance?

A. No, a reassignment will not affect your merit date or eligibility for incentive/pay for performance.

Q. How will a reassignment affect my performance rating if the duration of the reassignment is greater than the number of weeks in my usual position (home or acting)?

A. Managers will be encouraged to assume a 'fully effective' rating as the default rating in this case.

Additional Information – Useful Websites

Ministry of Health and Long-Term Care:

www.health.gov.on.ca > public information> ministry programs > emergency management unit

US Government Planning and Response Activities:

www.pandemicflu.gov

Public Health Agency of Canada:

www.hc-sc.gc.ca > diseases and conditions > influenza > pandemic influenza

Occupational Health and Safety Act:

www.elaws.gov.on.ca

ONTARIO EMERGENCY VOLUNTEER
HEALTH AUXILIARY

WANTED—VOLUNTEERS!!

The Provincial Board of Health, with the authority of the Government of Ontario, has organized an "Ontario Emergency Volunteer Health Auxiliary" for the purpose of training and supplying nursing help to be utilized wherever needed in combating the Influenza outbreak. A strong Executive has been formed in Toronto. It is recommended that each Municipal Council and Local Board of Health, working in co-operation, take immediate steps to form a local branch of this organization. The Volunteer Nurses will wear the officially authorized badge, "Ontario S.O.S." (Sisters of Service). This "S.O.S." call may be urgent. Classes taking lectures are already opened in the Parliament Buildings, Toronto (Private Bills Committee Room, ground floor), where they will be carried on every day at 10 a.m. and 3 p.m. until further notice. Young women of education are urged to avail themselves of this unique opportunity to be of real service to the community. If they are not needed, so much the better. If they are needed, we hope to have them ready. All towns and cities are urged to organize and prepare in a similar manner.

A Syllabus of Lectures is being sent to the Medical Officer of Health of all cities and towns. Further information may be had on application to John W. S. McCullough, M.D., Chairman of Executive, Parliament Buildings, Toronto, Telephone Main 5098.

C. S. NEWTON, Sec.-Treas. W. D. McPHERSON, President.
J. W. S. McCULLOUGH, Chairman of Executive Committee.

CHAPTER 5

ALTERNATIVE WORKPLACE ARRANGEMENTS

Working Away from the Primary Workplace

"If you want to guarantee that society will collapse in terms of the economy, tell everybody to stay home. Somebody's got to move the food, take away the garbage, provide health care, law enforcement, to assure that communications continues. We will very much put at risk things like electricity, food."

- Michael Osterholm, Infectious Disease Specialist, University of Minnesota.

ALTERNATE WORKPLACE ARRANGEMENTS

The pandemic flu crisis will test the ability of the OPS to continue delivering the full range of government services the public has come to expect. High rates of absenteeism, building security issues, as well as concerns over the provision of power and water to various locations will ensure that some normally bustling workplaces are closed. In order to provide as many services as possible during this emergency, arrangements will need to be made for at least some employees to work from an alternate workplace.

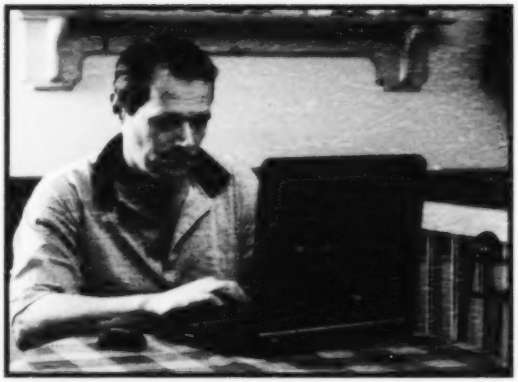
The benefits of having employees report to alternate workplaces are considerable. If smaller more distributed work units were to be established in place of a single large entity, the risk to employees of contracting flu may be reduced. For instance, instead of having to endure a long commute to work on public transit, they might be close enough to walk or cycle. Even if they were still obliged to catch a bus, the time spent aboard it and in the company of potential virus carriers would be limited. As well, because of the smaller work unit, their exposure while at work also would be lessened. And for those employees who

might be required to care for children or sick family members, it is possible that an alternate workplace arrangement that allows them to stay home might keep them working to deliver critical services.

The argument for establishing alternate workplace arrangements is even more pressing as it applies to delivering time-critical services. It may, in fact, be the only way of ensuring that at least some level of service can be maintained in the event, for example, of a public transit shutdown, a ban on large gatherings, or a particular community or neighbourhood especially hard hit by the pandemic makes some areas of the province or a city a "no go" area.

Of course, not all work performed by the OPS can be packed up and done elsewhere. For example, a correctional officer employed at the Toronto Jail, for instance, cannot fulfill his/her duties from North Bay. Services such as corrections, policing, nursing, and laboratory are just some of the many types of work that would be difficult or impossible to provide through alternate workplace arrangements.

Alternate workplace arrangements during a pandemic are temporary. They are designed to allow as many OPS employees as possible to continue delivering time-critical government services during the pandemic crisis. And while the employer seeks to establish alternate workplace policy, it will do so in conjunction with the various bargaining agents.



NOW IS THE TIME

If alternate workplace arrangements are to be in place in time for the coming pandemic influenza crisis, preparations ought to begin now. Senior management should commit – and be seen to commit - to establishing and implementing alternate workplace arrangements. Key managers also should be involved in identifying the services suitable for alternate workplace delivery; selecting the required employees; deciding on alternate workplace locations including working from home; increasing the capacity of Virtual Private Networking (VPN) and ensuring all employees who need to, have access to Webmail; purchasing, if necessary, equipment, furniture and furnishings; training employees and other managers; and, finally, putting the alternate workplace arrangements to the test.

The Bureau of National Affairs in the United States calculated that during Hurricane Katrina, 45 per cent of companies had workers who were telecommuting from home.

FLEXIBILITY

In addition to alternate workplace arrangements managers can exercise the discretion they already have to provide employees with flexible work hours and work arrangements that will increase social distancing and allow employees to care for their families, if required. If infection control measures, such as social distancing, cannot be effectively implemented within a particular work environment, then alternate workplace arrangements should be considered. It should be noted that once the virus is spreading within the community then infection control measures in the workplace will not significantly reduce the risk of transmission.

THE WAY AHEAD

FOR MGCS

- Work with the OPS bargaining agents to establish alternate workplace protocols.
- Develop parameters to assist managers in determining the circumstances within which alternate workplace arrangements might be appropriate.
- Provide an 'alternate workplace arrangements template', tip sheets and checklists to ministries to assist them in developing work and performance expectation agreements with employees. Agreements should include health, safety and Workplace Safety and Insurance (WSI) information.

FOR MINISTRY PLANNING TEAMS

- Obtain senior management approval for, and commitment to, alternate workplace arrangements as part of pandemic planning, where suitable.
- Based on parameters set by MGCS, work with managers to develop criteria for deciding which services could be delivered through alternate workplace arrangements.
- Record the addresses and telephone numbers of employees who may be asked to work from home or other alternate workplaces.
- Encourage managers to discuss the possibility of flexible work arrangements with their employees, if operational requirements permit.
- Work with managers to develop the training necessary for successful implementation of alternate workplace arrangements (e.g. IT, attendance reporting, communication requirements, and performance issues).
- Encourage senior ministry officials to communicate with union representatives at both the ministry and local level of the plan to implement alternate workplace arrangements.

FOR MANAGERS

- In order to minimize the need to move to alternate work locations, encourage employees to look into the feasibility of travelling to work by means other than public transit, such as car-pooling, cycling, or walking.
- Identify services and the related positions and employees appropriate for alternate workplace arrangements.

- Select appropriate alternate workplace locations for employees.
- Decide upon, and acquire if necessary, the equipment, furniture and furnishings needed for the alternate workplaces.
- Develop and deliver the required training (e.g. IT, attendance reporting, communications requirements, and performance issues).
- Adapt the alternate workplace protocol to include your work and performance expectations.
- Test the alternate workplace arrangements, including communications between manager and employee.
- Explain beforehand to your local bargaining agent representatives the need for the alternate workplace strategy and tell them that all employee and employment rights will continue to be respected and protected.

FOR EMPLOYEES

- Identify to senior management services in your area that can be delivered through an alternate workplace arrangement.
- Inform your manager whether you may have significant difficulty reporting to the workplace during the pandemic crisis.
- Discuss with your manager the possibility of adopting flexible work hours during a pandemic (if alternate workplace arrangements are not available for your position).
- familiarize yourself with the prerequisites and working conditions associated with working at an alternate workplace (including the possibility of working from home).
- Advise your manager whether you meet the prerequisites, can accept the working conditions, and are interested in participating in alternate workplace arrangements.
- Communicate regularly with your manager while participating in the alternate workplace arrangement.
- Follow all rules, procedures, and statutes applicable to your position.
- Speak to your manager or worker member of your local JHSC if you have any questions or concerns.

Questions & Answers

Q. What is the employment status of an employee who works in an alternate workplace arrangement?

A. An employee's employment status and benefits entitlements remain unchanged.

Q. What are the rights and entitlements of an employee who works at an alternate workplace?

A. The employee retains all his/her protections under the collective agreement. The terms and conditions of employment, including the right to file grievances and be represented by the union/association continue to apply. Likewise the terms and conditions of employment for non-bargaining employees remain unchanged.

Q. Does the Workplace Safety and Insurance Act apply to an employee at an alternate workplace?

A. The Workplace Safety and Insurance Act applies to an employee who is injured at an alternate workplace (including his/her home if it is the workplace) under the following place, time and activity criteria respecting the injury occurrence:

If the injury occurred in a place where the worker might reasonably have been expected to be while engaged in work related activities.

Where the worker has fixed hours of work, if the injury occurred in those hours or during a reasonable period before starting or after finishing work.

Or, where there are not fixed hours of work, or if the accident occurred outside the employee's fixed hours of work, the criteria of place and activity are applied to determine whether the personal injury occurred in the course of employment.

If the injury occurred while the worker was engaged in the performance of a work-related duty or in an activity reasonably incidental (related to) the employment, the personal injury by accident generally will have occurred in the course of employment.

The importance of these criteria varies depending on the circumstances of each case. In most instances, the decision-maker focuses primarily on the activity of the worker at the time of the personal injury by accident to determine whether it occurred in the course of employment.

Q. How is an employee in an alternate workplace arrangement managed?

A. Expectations regarding performance of an employee in an alternate workplace arrangement remain unchanged. This would need to be made clear to the employee before implementing the arrangement. Ongoing communications between the manager and the employee are extremely important for performance management.

Q. What is the work schedule of an employee in an alternate workplace arrangement?

A. The manager and the employee should agree on the official hours of work, as well as when and how the employee will be available or accessible to management and other employees.

Q. Can the employer require an employee to participate in an alternate workplace arrangement?

A. Many OPS employees normally work from alternate workplaces. Before assigning significant numbers of employees to alternate workplaces, discussions will take place with bargaining agents.

Q. There are OPS employees working in other countries or on secondment in other countries working for other governments or organizations. How will they be treated during a pandemic?

A. Employees should maintain regular contact with their manager(s) in the OPS for guidance as to what to do in the event of a pandemic in their area. If any advisories or warnings are issued in the country in which they are working, they should contact their OPS manager(s) immediately. Managers will obtain corporate direction and provide it to employees.

Q. Will employees assigned to an alternate workplace receive pay for the travel time, isolation pay or overtime if the alternate workplace requires more travel time than normal or is located in an area meeting the criteria for isolation?

A. For bargaining unit employees, current provisions in collective agreements continue to apply. The government will consider whether to amend compensation provisions for non-bargaining employees for the period of the pandemic.

Additional Information – Useful Websites

Workplace Safety and Insurance Act:

www.e-laws.gov.on.ca

CHAPTER 6

INEVITABILITY OF A PANDEMIC

Pandemic Stay Healthy Strategy

"Once a fully contagious pandemic virus comes into existence and a pandemic is under way, its global spread is believed to be inevitable. Border measures may delay arrival of the virus in a country but are not expected to stop it. Such a virus is expected to reach all continents in less than three months. People in all parts of society, in all countries around the world could be touched by this event."

- The Flu Pandemic and You: A Canadian Guide, Vincent Lam, M.D. and Colin Lee, M.D.

INEVITABILITY OF A PANDEMIC

Dr. Lam and Dr. Lee are not the only respected health professionals who believe an influenza pandemic crisis is inevitable. As one retired medical director has said, "We know the pandemic clock is ticking. We just don't know what time it is."

When the pandemic does begin, it will spread quickly. It will be spread quickly because it will be a new virus that humans are not immune to, and for which there will be no vaccine immediately available. While there may be no way to stop a pandemic, reducing air travel could perhaps delay the spread of the virus across the world, providing some additional time for health authorities to put into effect other measures to guard the health of the nation.

To determine the role air travel plays in the spread of seasonal influenza, researchers at Children's Hospital Boston looked at data from the U.S. Department of Transportation and the Centers for Disease Control and Prevention for the years 1996 to 2005 inclusive. During the first five flu seasons, flu deaths peaked on or around February 17. In 2002, deaths peaked two weeks later in March. In the years that followed, the number of deaths

again spiked in February. As well, during the 2001 to 2002 flu season it took 53 days for flu to spread across the United States, 60 per cent longer than the average time of 33 days.

Why the sudden and marked difference between the flu seasons? The researchers stated that it was because the number of people flying in the United States fell 27 per cent following the terrorist attacks of September 11, 2001. In France, where flight restrictions were not imposed, there was no delay in flu activity during the 2001-2002 season.

The researchers concluded that in the case of seasonal flu, the more inbound international travel there is, the earlier the flu season starts; the more domestic travel there is the faster the flu spreads.

While the decision to stop or reduce air travel is controversial and will be made by the federal government, there are other measures that we can take to reduce our risk of exposure to the flu virus.

> In 2003, on a three-hour flight from Hong Kong to Beijing, a SARS-infected passenger infected 22 people.

SLOWING THE SPREAD

Canada's pandemic plan is based on the premise that the flu virus is directly transmitted from person to person primarily when people, infected with flu, cough or sneeze and droplets laced with the virus come into contact with the mucous membranes of the mouth, nose and possibly eyes of another person. This can happen through hand-to-hand contact or by touching contaminated surfaces and objects, since the virus can survive for 24 to 48 hours on hard non-porous surfaces, for 8 to 12 hours on cloth, paper and tissue, and for 5 minutes on hands.

Whether the flu can also be spread by airborne transmission is controversial. For example, some researchers believe the expelled viruses hover in the air for longer periods and spread over greater distances than do the heavy droplets. In such a case, airborne transmission would become a major factor in the spread of the disease. When a new virus emerges and experts learn more about its characteristics, access to timely and accurate information will be essential in determining how best to slow its transmission.

There are a number of measures employers and employees can take to limit the spread of the flu virus. Chapter 9: Some Little Flu Bug examines the ranges of measures in greater detail.

A very important measure in limiting the spread of the virus in the workplace is to keep infected individuals away from healthy people. Managers should reinforce this by ensuring that all employees know they are not to report for work during the pandemic, if they feel even the slightest bit under the weather. No one employee or manager is so indispensable that he or she should risk bringing the flu virus into the workplace.

A second measure is to adopt the practice of social distancing. This means keeping increased distance among people. Keeping about 1 metre distance from a coughing or sneezing person is currently recommended, but as noted in the OHPIP, this distance is currently under review. Scientists are not sure how far droplets from a coughing or sneezing person can travel.

A third measure focuses on personal hygiene, including cough and sneeze etiquette, which includes the following steps:

1. Do not cough into your hands; instead cough into a tissue you dispose of properly;
2. Do not sneeze into your hands; use a tissue or practice the "sleeve sneeze;"
3. Do not put your hands into your eyes, nose, or mouth, which is how 95 per cent of illnesses enter the body;
4. Do wash your hands thoroughly either with soap and water or an alcohol-based hand sanitizer after coughing or sneezing, before and after eating or handling food, after visiting the washroom, after handling a pet or other animal, and at least six other times throughout the day – increasing the frequency if one is in contact with an ill person. Hand hygiene is the single most important measure to reduce the risks of transmitting infection from one person to another.

CULTURING CHANGE

Getting people to practice what health experts preach, however, will require something of a change in culture. A recent survey conducted by the Lysol Hygiene Council found that even though 74 per cent of Canadians surveyed understood that regular hand washing was critical to stopping the spread of germs, 12 per cent admitted they do not automatically wash their hands when they should, and 9 per cent failed to wash their hands after using the washroom.

Recognizing that once the pandemic starts it will be too late to change employee attitudes, an OPS-wide hand washing campaign was launched across the OPS during the summer of 2006. This first phase of the Stay Healthy strategy piggybacked on the public campaign launched by MOHLTC. It included an e-mail to all OPS employees with an embedded link to MyOPS and information on the critical importance of hand washing to infection control, as well as instructions on proper hand hygiene. To ensure this message

continues to be reinforced, the employer encouraged ministries to post MOHLTC hand washing posters in OPS facilities and to place laminated hand hygiene diagrams in washrooms.

The second phase of the Stay Healthy strategy coincided with the 2006 annual OPS flu campaign. This included cough and sneeze etiquette, advice to employees to avoid contact with individuals with flu-like symptoms, information about social distancing and a reminder to employees to get their annual flu shot to prevent seasonal flu.

So that these messages reach as many OPS employees as possible, the employer is developing a brochure to be made available to all OPS employees through their ministry planners. In addition, ministries are encouraged to distribute alcohol-based hand sanitizers to all OPS workplaces.

With the advent of the pandemic influenza crisis, a flu toolkit will be released to all employees. This toolkit will include information to help employees and their families reduce their risk of contracting the flu.

LEADING BY EXAMPLE

By establishing and reinforcing Stay Healthy strategies during the current pandemic alert period, the OPS is a model for other public and private sector organizations. As well, continually reinforcing to our employees messaging about basic hygiene and infection prevention and control practices may enable the organization to continue to deliver its time-critical services to the public during the pandemic and reduce the number of employees who may get sick.

There are other potential benefits to the OPS and its employees if more individuals follow a healthier lifestyle. Benefits may include lower rates of absenteeism, higher productivity, lower rates of respiratory infections in the workplace (e.g. colds, seasonal flu) and lower costs to the health care system. But best of all, our employees will be healthy and will feel better!

THE WAY AHEAD

FOR MGCS

- Distribute to ministries components of the Stay Healthy strategy, e.g. posters, brochures, flu toolkits.
- Provide direction and train-the-trainer sessions to ministries on infection prevention and control, as it becomes available.

FOR MINISTRY PLANNING TEAMS

- Individual team members should stay away from the workplace when they are sick.
- Generate support for ministry pandemic Stay Healthy strategies by securing deputy or assistant deputy minister sponsorship.
- Work with facility staff and managers to post pandemic Stay Healthy information in ministry workplaces.
- Arrange and conduct awareness sessions in your ministry on wellness topics including the importance of hand hygiene.
- Work with managers to estimate the number of employees in each workplace, in order to assist in the distribution of flu toolkits during the response to the influenza pandemic crisis.
- Work with facility managers to set up hand-sanitizer stations in ministry workplaces.

FOR MANAGERS

- Stay away from the workplace when you are sick. You are not only preventing the spread of infection, but also you are setting the correct

example to your staff.

- Assist facility staff and ministry planning teams by identifying locations to post Stay Healthy information.
- Identify the number of employees in your branch who will need to receive flu toolkits during the response phase to the pandemic. Identify any potential problems with the distribution of the toolkits.
- Ensure that your staff has received the various documents comprising the Stay Healthy strategy.
- Inform your staff that you are available to discuss any issues or questions they may have about any of the pandemic flu response measures.

FOR EMPLOYEES

- Stay away from the workplace when you are sick.
- Read all components of the Stay Healthy strategy and follow advice on infection control.
- Consider modifying your habits to follow a healthier lifestyle.
- Discuss and implement infection prevention and control measures with your family to prevent the spread of the influenza virus in your home.
- Speak openly with your managers or worker member of your local JHSC, if you have concerns about any aspects of the Stay Healthy program.

Questions & Answers

Q. How can I practice proper hand hygiene in the workplace when the soap dispensers are not regularly filled in the washrooms?

A. Please speak to your manager and discuss this issue with him/her. Suggest that the facilities manager be contacted to remedy this problem. However, even without soap you can effectively wash your hands by briskly rubbing them together under the running water. Remember that it is the physical action that removes the virus from your hands.

Q. Why are we being 'bombarded' with messages about hand washing when 'everyone knows' it is important?

A. Effective hand washing is the single best way to prevent the spread of infection. Reinforcing this message is linked to behavioural change. For example, during the SARS crisis the importance of hand washing was stressed during the daily media conferences. In addition, instructions on proper hand hygiene were posted in OPS workplaces.

Q. If I stay home when I'm sick, won't my manager think I'm not serious about my work?

A. No. All employees, including managers, will be advised that it is imperative that they stay home when they exhibit symptoms of illness – no matter how minor. No service you provide is so critical that you should put at risk your own health and the health of others. Staying away from the workplace when sick does not at all reflect on your work performance.

Q. I'm sick and I know I should stay home but I'm a fixed term employee and am afraid I won't get paid if I'm not at work. What should I do?

A. Stay home if you are sick. Speak to your manager or ministry HR consultant, who will advise you about your entitlements during the pandemic.

Q. If I have questions about hand hygiene techniques, who should I speak to?

A. E-mail your questions to askEMSB@ontario.ca. Alternatively you can call Telehealth Ontario at 1-866-797-0000, TTY: 1-866-797-0007.

Q. How do I know that the MGCS health-related information is accurate?

A. MGCS consults with the Ministry of Health and Long-Term Care to ensure that all health-related information in its communications products is up-to-date.

Additional Information – Useful Websites

MyOPS – All Services - Organizational Health and Wellness – Healthy Living Website:

Intranet: **intra.ops.myops.gov.on.ca** > organizational health and wellness

Ministry of Health and Long-Term Care

What you Should Know About a Flu Pandemic:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > publications > influenza pandemic > fact sheets

Canadian Centre for Occupational Health and Safety:

www.ccohs.ca > osh answers > diseases, disorders, and injuries > hand washing

Public Agency of Canada

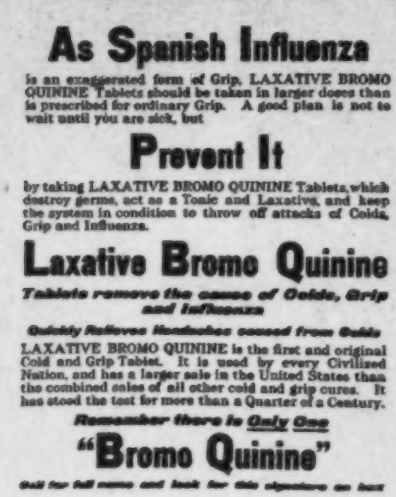
What You Need to Know About Pandemic Influenza:

www.phac-aspc.gc.ca > infectious diseases > influenza > pandemic influenza

Toronto Public Health

No Tissue – Do the Sleeve Sneeze:

www.toronto.ca > health > Toronto public health > a-z index > sleeve sneeze


As Spanish Influenza
is an exaggerated form of Grip, LAXATIVE BROMO QUININE Tablets should be taken in larger doses than is prescribed for ordinary Grip. A good plan is not to wait until you are sick, but
Prevent It
by taking LAXATIVE BROMO QUININE Tablets, which destroy germs, act as a Tonic and Laxative, and keep the system in condition to throw off attacks of Colds, Grip and Influenza.
Laxative Bromo Quinine
Tablets remove the cause of Colds, Grip and Influenza
Quickly Relieves Headaches caused from Colds
LAXATIVE BROMO QUININE is the first and original Cold and Grip Tablet. It is used by every Civilized Nation, and has a larger sale in the United States than the combined sales of all other cold and grip cures. It has stood the test for more than a Quarter of a Century.
Remember there is Only One
"Bromo Quinine"

CHAPTER 7

NO MAGIC BULLET

Antivirals and Vaccines

"Anti-viral drugs are quite new and no one has ever planned to use them in the vast quantities that are now being considered. However, there are some very alarming environmental implications about giving out millions of doses of Tamiflu in order to combat an outbreak of Asian bird flu. These have not been considered by health authorities. This is unknown territory."

- Dr Andrew Singer, Centre for Ecology and Hydrology, Natural Environment Research Council, U.K.

NO MAGIC BULLET

There is currently an avian influenza crisis in several parts of the world. Millions of wild birds and domestic poultry already have died of the infection. Many millions more have been slaughtered in an attempt to halt the spread of avian influenza. Still, H5N1 continues its march, entering territories where the elaborate and costly surveillance and containment systems established in China, Thailand, and Vietnam do not exist. So, nobody knows if the virus is raging among populations of wild and domestic birds throughout sub-Saharan Africa. There is limited surveillance in much of South and Central America. As for what is going on across the Southeast Asia island arcs and archipelagos, it is anybody's guess. All that is known for sure is that birds and people continue to die.

Since the original 1997 outbreak of avian influenza in Hong Kong, the virus remains a baffling foe; it seems to periodically disappear only to reappear with its virulence intact and its geographic range extended. It has already mutated on the road to infecting people, dogs, cats, bats, chickens, turkeys, and ducks. It will

continue to do so and perhaps one of the many millions of mutations it undergoes will trigger the pandemic everyone fears.

A vaccine against a novel strain of virus, which will cause the next influenza pandemic, will not be available until at least four to six months after the pandemic strain is identified. Therefore a vaccine will not likely be available for the first wave of a pandemic. The only limited protection available would come from antivirals, or anti-influenza drugs that have demonstrated some effect against H5N1 infections in the Far East. Both work by blocking the mechanism the virus uses to break out of the cells it has infected. But there is no guarantee they will remain effective against the strain of pandemic influenza that emerges. Antivirals can be used either to prevent influenza (prophylaxis) or for treatment.

There is a lot of concern that the more antivirals are used the greater the chance that the virus will become resistant to it. That means that the major treatment before vaccine that we will have for treating high risk groups like elderly and children could be rendered useless because of overuse.

A NOTE OF OPTIMISM

Although 35 per cent of people may get sick in a pandemic most of us will get a three to five day flu just as we do now if we get the seasonal flu. After that we will fully recover in a few more days. A small percentage will get sicker including those who contract pneumonias and an even smaller group will die. Therefore it is important to not overly fear getting the flu.

> If you take antivirals within 36-48 hours of the first sign of flu symptoms, you can shorten the length of your illness by one to two days and reduce serious complications.

OSELTAMIVIR: TAMIFLU

This pharmaceutical is marketed under the trade name Tamiflu. It has been around since 1998 and is somewhat effective against H5N1, but it is no cure. Tamiflu-resistant strains of avian influenza have been found in a number of countries.

Tamiflu is offered in capsule form. Treatment must begin within two days of developing symptoms. Two capsules a day for five days are recommended for treatment. To prevent the onset of flu, that is for prophylaxis, it is recommended that one capsule a day be taken for the duration of the period of protection required. The assumption of 8 weeks (the potential length of one pandemic wave) requires 56 pills per person.

PROCEED WITH CAUTION

Pregnant and lactating women and children under the age of one should not take Tamiflu. Other limitations on its use may soon emerge. Japan's health ministry announced recently that it would restrict the use of Tamiflu in 10 to 19-year-olds following concerns it

could induce abnormal or suicidal behaviour in children and teenagers. Health Canada also updated its label requirements for Tamiflu to include information warning of these types of side effects in young Japanese. The warnings and precautions section of Tamiflu's safety information now states, "People with flu, particularly children, may be at an increased risk of self-injury and confusion shortly after taking Tamiflu and should be closely monitored for signs of unusual behaviour. A healthcare professional should be contacted immediately if the patient taking Tamiflu shows any signs of unusual behaviour." Scientists also are questioning what effect several million doses of Tamiflu may have on the environment when they are eventually released in the urine of all those taking them. Studies indicate the antiviral will remain active for several weeks after it gets flushed down the sewers and then into surrounding waterways. Within a few weeks of the first flu cases being treated with Tamiflu, the antiviral agent could be polluting many bodies of water, devastating their populations of micro-organisms and the plants, fish, and birds that feed on them and each other. It is also highly probable that a build-up of Tamiflu in wild waterfowl will result in a mutation of the influenza virus. The drug resistant strain that emerges could then trigger a second wave of pandemic influenza far more deadly than the first.

TAKING STOCK OF TAMIFLU

Despite the concerns many have about the wisdom of stockpiling Tamiflu for mass use during the pandemic crisis, governments and other organizations are laying down stocks of the antiviral. Canadian federal and provincial governments are among the buyers of Tamiflu. Ontario now has a stockpile in place which is enough to treat 25 per cent of its population. This is what the WHO recommends and is similar to what other national and state governments are doing. Only 35 per cent or less will get sick and not everyone will seek treatment. In other words the stockpile is meant to be available to treat everyone who gets ill and seeks the antivirals.

Access to Tamiflu will be through the provincial health care system.

The stockpile will consist primarily of Tamiflu, but the Ministry of Health and Long-Term Care (MOHLTC) is also purchasing a supply of Relenza (another antiviral) to diversify the stockpile and to treat pregnant and lactating women.

DAILY USE OF TAMIFLU

While it is not conclusive that Tamiflu protects one from becoming infected with the influenza virus, it is being looked at as a prophylaxis. A provincial policy on this type of use will be considered following development of the national policy.

If prophylactic use were approved, then the OPS as the employer would have to consider whether to provide Tamiflu as a prophylaxis to key senior decision-makers, employees in time-critical positions, and their families. In consultation with infection control experts, the government would determine when it is appropriate to begin using Tamiflu and when it should be stopped. One possibility is that it may remain in use until a vaccine becomes available. Discussions about who gets Tamiflu and when it should be administered must also take place with bargaining agents, if approved for distribution.

Managers would provide guidelines to all affected employees explaining how and when Tamiflu would be distributed.

It is unlikely that Tamiflu will see widespread use as a prophylaxis. To do so would require a huge supply of the drug to protect even a small percentage of the population.

SECOND WAVE AND BEYOND

The pandemic influenza emergency probably will sweep across the province in two or more waves of infection over a period of up to a year or 18 months. At some point during this time (possibly by the second wave), a vaccine will become available. However, it will be in short supply, at least initially, especially if two doses are required for complete protection. Just how effective it will be is unknown. At present, vaccines given for seasonal influenza usually prevent illness in between 70 and 90 per cent of healthy adults.

It should be noted that those who contract influenza in the first wave will not get influenza from the same virus a second time. They will remain unaffected during subsequent waves of infection, should the strain of virus remain the same.

The vaccine is expected to remain in short supply for some time after it is developed. As noted in Chapter 8: Desperate Times, Desperate Measures, the government is looking at the possibility of using some of its own facilities as vaccination/treatment centres. Issues of distribution, storage, refrigeration, security and infection control will need to be considered. In addition, the government still has to decide whether the vaccination centres will open to both OPS employees and the public.

THE WAY AHEAD

FOR MGCS

- Obtain senior government approval of the list of OPS time-critical services.
- Develop, for all employees, a communications plan and materials on antivirals and vaccine.
- Send communications materials to ministries if the plan is to give certain employees priority access to the antiviral Tamiflu and/or vaccine.

FOR MINISTRY PLANNING TEAMS

- Work with ministry program areas to review and finalize the list of time-critical services and the required employees.
- Work with managers to ensure that communications materials regarding antivirals and vaccines are distributed to all affected ministry employees, once they are released by MGCS.

FOR MINISTRY MANAGERS

- Work with ministry planners to review and finalize the list of time-critical services and the employees required for delivering these services in your program area.
- Ensure that approved communications materials regarding antivirals and vaccines are distributed to all affected ministry employees.
- Encourage employees to approach you with any questions or concerns they may have about the materials they have been given.

FOR EMPLOYEES

- Read all corporate communications regarding access to the antiviral Tamiflu and the vaccine.
- Speak to your manager or worker member of your local JHSC if you have questions or concerns about the materials provided to you.
- Consult your physician or Telehealth on any medical questions you may have about pandemic influenza, antiviral drugs, and flu vaccine. You can reach Telehealth Ontario at 1-866-797-0000, TTY: 1-866-797-0007.

Questions & Answers

Q. If Tamiflu is provided on a prophylactic (preventive) basis, how will I know if I'm on the OPS list to receive it?

A. You will receive notification from your manager.

Q. Will antivirals be administered daily in the workplace?

A. A policy decision on prophylactic (preventive) use of antivirals has not yet been made. Therefore any decisions on distribution and administration have not been made.

Q. When will we find out if any groups of employees in the OPS will be offered antivirals for prophylaxis (prevention)?

A. Once a policy decision is made on the prophylactic use of antivirals, it will be communicated by MGCS to ministries.

Q. What if I'm offered antivirals but I don't want to take them because of the possible side effects?

A. You are advised to contact your physician about antivirals and any other medical issues.

Q. Will all employees receive a vaccine in the workplace?

A. The government is considering the possibility of administering vaccines in the workplace. A final decision has yet to be made.

Q. A member of my immediate family (e.g. spouse) will be receiving antivirals from his/her employer and as a family member, I am also eligible to receive antivirals from my spouse's employer. How should I coordinate with the OPS?

A. A policy decision on prophylactic (preventive) use of antivirals has not yet been made. Therefore it is premature to discuss coordination between your relative's employer and the OPS.

Additional Information – Useful Websites

Ministry of Health and Long-Term Care public website
What You Should Know About a Flu Pandemic:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > publications > influenza pandemic

Ministry of Health and Long-Term Care public website,
/vaccines and anti-viral drugs:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > ontario health plan > chapter nine > antivirals and vaccines

Centers for Disease Control and Prevention:

www.cdc.gov > a-z index > pandemic influenza

Public Health Agency of Canada:

www.phac-aspc.gc.ca > infectious diseases> influenza > pandemic influenza

CHAPTER 8

DESPERATE TIMES, DESPERATE MEASURES

Using Government Facilities as Vaccination and/or Treatment Centres

"Society cannot function if it is every man for himself. By definition, civilization cannot survive that. Those in authority must retain the public's trust."

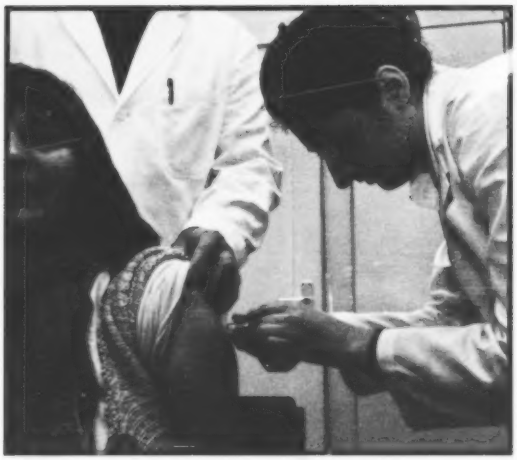
John Barry. The Great Influenza: The Epic Story of the Deadliest Plague in History.

Dealing with the crisis of pandemic influenza will demand creative thinking and a willingness to improvise and innovate. This will be particularly true when it comes to the delivery of health care services. Hospitals, for obvious reasons, will be at capacity and beyond, treating the severely ill and the most vulnerable among us. The remainder of the population will probably find themselves seeking health services at facilities temporarily established for that purpose in schools, community centres, and sports complexes. Many will be housed in government-owned buildings. Surplus facilities, as well as those in use, might be converted into vaccination, triage, or treatment centres depending on their suitability and the degree to which they will require retrofitting.

During the influenza pandemic of 1918, many private buildings in Toronto were pressed into service as hospitals, including at least one hotel. In Montreal, the demand for hearses was so great that trolley cars were converted to the task, carrying ten coffins at a time.

VACCINATION CENTRES

To produce a vaccine, scientists first need to isolate the virus strain and discover its genetic make-up. They then reproduce it with the dangerous bits of code disabled; culture the safe version; and grow a supply using fertilized chicken eggs. Time required? Four to



six months.

So, while most knowledgeable commentators do not expect a vaccine to be ready in time to prevent a pandemic from occurring, they do expect one to be available to minimize the effects of a second wave. The challenge will be to have in place, throughout the province, centres ready to open their doors the moment a vaccine becomes available.

A possible model for the vaccination centres is the present-day Annual Flu Clinic. Ministries will co-ordinate vaccination centres within each ministry location. Adhering to legislation and vaccination protocols, the process will be established in collaboration with the local public health unit. Ontario Shared Services will manage the communication of information about the centres. The Ontario Realty Corporation (ORC) and MGCS will be responsible for working with ministries to compile an inventory of all government-owned facilities including decommissioned and closed properties. Unoccupied government facilities may be used for vaccination, triage and treatment. Ministries will also identify facilities with refrigeration units, which would be ideal for the storage of a vaccine.

INTO THE BREACH

Each temporary facility will require appropriately qualified staff. Some program areas of the government may have qualified staff that may be called upon to deliver health care services.

OPS employees who are not providing time-critical services may be asked to assist health care workers in the vaccination or treatment centres. The tasks they may be called upon to perform may include administrative services such as maintaining medical records or managing the registration process. Staff who are asked to work in a vaccination or treatment centre or who volunteer to do so will continue to

receive their regular pay and benefit entitlements.

Staff will also be required to pre-screen people entering the facility. Protocols developed will include a process for dealing with people who are deemed ineligible to enter the facility, such as those who appear to have symptoms of the flu.

SOME FURTHER CONSIDERATIONS

Before government buildings can be used as vaccination or treatment centres, a number of issues will need to be addressed. First, what criteria must a facility meet? What determines its use as a vaccination centre, treatment centre, or triage centre? Will the facility be for OPS employees only or will it also be open to the public? If it is a treatment centre, to what extent will treatment be provided? What security will be required? How will potentially disturbing or even violent situations be handled? How will the precious vaccine be secured after being delivered to the facility? Is there adequate refrigerated storage space? What of storage capacity for related medical supplies?

TAKING CARE OF HEALTH AND SAFETY

The government will have in place specialized cleaning services to ensure that the temporary facilities are safe and sanitary throughout the pandemic. In addition, the government will retain infection control specialists who will

recommend what personal protective equipment is required for staff assisting at the vaccination or treatment centres. The infection control specialists will consult with MOHLTC and the Ministry of Labour Provincial Physician.

Since, the *Occupational Health and Safety Act* applies to these temporary workplaces, a JHSC should be established prior to the vaccination or treatment centre being staffed and up and running. The health and safety of OPS employees, health care workers, staff who are asked and of all those who come to the temporary facilities seeking health care services must be protected.

THE WAY AHEAD

FOR MGCS

- Work with Public Health to develop criteria for ministries to use in identifying facilities that are appropriate for use as vaccination or treatment centres.
- Retain infection control specialists who will recommend infection prevention and control measures and procedures, including cleaning procedures and PPE for vaccination and treatment centres.
- Work with Public Health to establish the process for setting up vaccination centres.
- In collaboration with ORC, work with ministries to compile an inventory of all government-owned facilities, including decommissioned and closed properties.
- Work with ministries to identify employees to assist health care workers in the vaccination or treatment centres.
- Develop protocols to deal with people who are deemed to be ineligible to enter the facility.
- Encourage ministries to consult and meet with JHSCs.

FOR MINISTRY PLANNING TEAMS

- Identify used and unused government-owned facilities in your ministry that could be used for treatment or vaccination centres. Identify facilities with commercial size refrigeration units.
- Establish a system to update your ministry's list of facilities.
- Develop criteria to identify retrofit requirements.
- Identify security requirements.
- Identify access plans, especially where the public's access to a facility is

different from that of the OPS staff.

- Identify suitable evacuation plans in case of an emergency if your facility is used as a treatment or vaccination centre.
- Communicate with JHSCs.

FOR MANAGERS

- Work with ministry planners to plan for the purchase of any approved Personal Protective Equipment (PPE) for staff required to assist at the vaccination or treatment centres. (See Chapter 9: Some Little Flu Bug).
- Communicate with staff regularly to ensure that you allay their fears of contracting the flu while the facility is in use.
- Because of potential challenges in getting to and from work, allow your staff flexibility with their work hours.

FOR EMPLOYEES

- Stay home if you feel sick.
- Allow additional time for your commute to work during a pandemic.
- Consider offering to assist with administrative procedures at the temporary vaccination, triage, or treatment centres.
- Consult your supervisor/manager or worker member of your local JHSC, if you have questions or concerns about the vaccination/treatment centres.

Q's & A's

Q. If our local government-owned facility is chosen as a treatment centre, how can I protect myself from contracting the virus in the workplace?

A. You can protect yourself by ensuring that you are familiar with the OPS Stay Healthy Strategy, which is discussed in Ch 6: Inevitability of a Pandemic, as well as with other infection prevention and control measures which will be communicated to you in advance of a pandemic.

Q. How can I offer to assist at the vaccination, triage, or treatment centres?

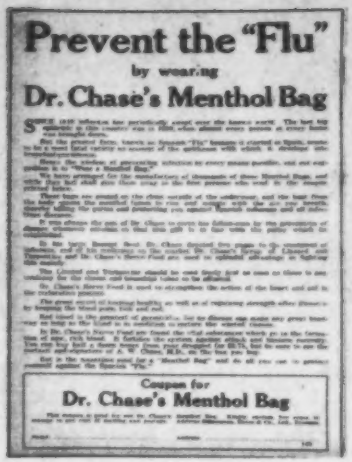
A. If you would like to offer your services, stay tuned for the communications provided by your ministry, or alternatively, speak to your manager.

Q. If I am asked to assist in a vaccination or treatment centre, can I refuse the request?

A. Employees who are asked to assist at a vaccination or treatment centre can decide not to provide this assistance.

Q. Will I receive reimbursement for additional parking, travel or other expenses?

A. All reasonable expenses will be reimbursed.



CHAPTER 9

SOME LITTLE FLU BUG

Infection Prevention and Control

"Some little bug is going to find you someday,
Some little bug will creep behind you someday,
Then he'll call to his bug friends,
And your troubles they will end,
Some little bug is going to find you someday."

-Roy Atwell (1878-1962) American actor, comedian, and composer

SOME LITTLE FLU BUG

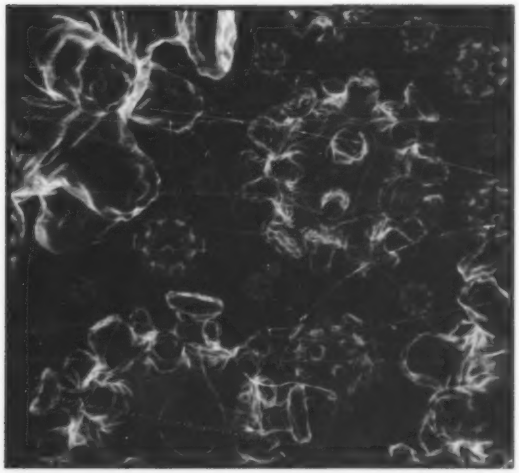
Popular songs of the day aside, influenza is not caused by a bacterium (bug) but by a virus. A bacterium is a living micro-organism. The flu virus, on the other hand, is nothing more than genetic material expressed in a fragment of ribonucleic acid (RNA) or deoxyribonucleic acid (DNA) wrapped in a coat of protein. It is moot whether the virus is a living thing or just a complex chemical. This is both good and bad.

Good because the virus cannot survive for long on its own – it needs a host cell. Outside of a host, typical survival times of the flu virus range from a few minutes on the skin to about eight hours on a soft or porous surface and up to about 48 hours on a hard surface.

Bad because after hijacking a host cell and taking over its mechanism, the virus can make tens of thousands of copies of itself within a few hours. The onset of illness is rapid. And the virus does not respond to antibiotics, which kill bacteria exclusively. Only a vaccine offers personal protection. However, the flu virus mutates frequently so vaccine resistant strains emerge quickly and a new vaccine must then be developed.

Panic-stricken citizens demanded laws against public sneezing, coughing or nose blowing during the 1918 pandemic.

"Coughs and sneezes spread diseases" was the catchy slogan authorities in 1950s Britain coined to remind the population to be more hygienic. Influenza A viruses cause influenza pandemics. The virus is transmitted from one person to another in droplets that are breathed out or that are more forcefully expelled when an infected person talks, coughs or sneezes. One good sneeze can send tens of thousands of virus particles across a room. Another person can become infected if he or she breathes in these droplets. But this is not the most common path of infection. Instead, most droplets fall out of the air onto another person's skin, onto a soft or porous surface, or onto a hard surface like a desk. And the virus can survive for up to 48 hours on a hard surface!



It is not only persons who are obviously ill who may pose a threat. Influenza can be transmitted to others before the person with the disease feels ill, typically during the 24 hours before the onset of symptoms. With the onset of symptoms, adults remain spreaders of the virus for up to five days and young children for as long as seven days. As well, between 30 and 50 per cent of people who harbour the virus, but never fall ill with it, pass it on to other people.

So, is the OPS taking any measures to limit transmission of the virus in the workplace? As a responsible employer, the Ontario Government is committed to protecting the health and safety of its employees at all times and will be guided by the precautionary principle that states that action to reduce risk need not await scientific certainty. There will be no backing away from this commitment during the pandemic influenza crisis. The employer's obligations under the *Occupational Health and Safety Act* to provide a safe working environment remain during an emergency. To reiterate: during the pandemic influenza crisis, appropriate information, direction, supplies and equipment will be provided to all OPS employees who may require them.

According to section 25(2) of the *Occupational Health and Safety Act*,

Without limiting the strict duty imposed by subsection (1), an employer shall,

(a) provide information, instruction and supervision to a worker to protect the health or safety of the worker;

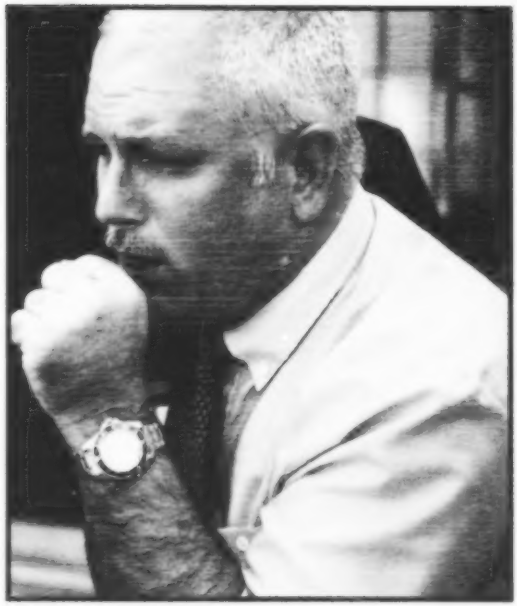
(d) acquaint a worker or a person in authority over a worker with any hazard in the work and in the handling, storage, use, disposal and transport of any article, device, equipment or a biological, chemical or physical agent;

(h) take every precaution reasonable in the circumstances for the protection of a worker;

In order to develop a comprehensive set of recommended infection prevention and control measures and procedures tailor-made for the OPS, MGCS will retain infection control specialists to tackle this daunting task. These specialists will recommend a hierarchy of controls to use before, during and after a pandemic. These measures and procedures have been described as including proper hand hygiene practices, cough etiquette, cleaning measures and procedures, personal protective equipment (PPE) and training, healthy workplace practices including screening practices for people entering the workplace and social distancing measures. Other measures may include suggested changes to the physical environment in which the work is performed.

The infection control specialists will conduct a series of site visits for up to 12 workplaces and jobs performed at these workplaces. Managers will also be asked to complete a risk assessment template for their workplace.

The specialists will base their recommendations on solid scientific



evidence and will consult with MOHLTC and the Provincial Physician in MOL. MGCS will establish an internal infection prevention and control team to review recommended infection prevention and control measures and procedures. Consultations will also take place with JHSCs or Health and Safety Representatives to discuss appropriate infection prevention and control measures, procedures, protocols and implementation issues for different workplaces.

Infection prevention and control protocols for emergency operations centres (EOCs) will likely be the same as those recommended by EMO and endorsed by MOHLTC in the draft document *Infection Prevention & Control Guidelines for Emergency Operations Centres*.

SOCIAL DISTANCING

Social distancing measures are designed to limit the frequency of close contact and interaction between people and to encourage people to keep at least 1 metre or an arms-length away from each other. This term was introduced in Chapter 6: Inevitability of a Pandemic. During the pandemic, the government will likely also limit all unnecessary travel and recommend the need for face-to-face meetings to be reviewed wherever possible.

As discussed in detail in Chapter 5: Alternate Workplace Arrangements, managers are also being asked to consider and plan for alternate workplace arrangements for those jobs that can be conducted away from the primary work location.

PERSONAL HYGIENE

Hand hygiene and cough and sneeze etiquette are vital elements of an infection prevention and control framework. The most common way of becoming infected is through picking up viral particles on the hands and transferring them to the mouth or, especially, the eyes. The best way to limit this contact spreading of the virus is the frequent washing of hands with soap and warm water.

These measure are discussed in detail in Chapter 6: Inevitability of a Pandemic and Chapter 20: What You Need to Know: Personal and Family Preparedness for an Influenza Pandemic.

While social distancing and personal hygiene are critical, other important elements of an infection prevention and control strategy are screening, cleaning protocols and personal protective equipment (PPE). These elements will be discussed in the remainder of this chapter.

SCREENING

To ensure that government workplaces are as safe as possible, the government will implement a screening process for OPS employees, clients, contractors who supply goods and services to the OPS or are temporarily employed by the government, as well as visitors trying to access government services. In addition to its obligations under the *Occupational Health and Safety Act, the governments has a duty of care under the Occupier's Liability Act* as an occupier of its buildings to protect the health and safety of its employees. Under this Act, the government has a duty of care to take reasonable steps to protect persons in its premises from injury or danger. Screening procedures will be an important element in the

government's efforts to prevent the spread of infection in its buildings.

SCREENING PROCEDURES

Before the first wave of pandemic influenza reaches Ontario, the government will implement informal screening procedures for all individuals entering government buildings. Signs will be posted advising symptomatic people to not enter the building. People will be encouraged to use alternate means of accessing government services, such as the telephone or the computer. When the pandemic reaches Ontario and there is community spread of the illness, more formal screening will be implemented in government buildings. Similar procedures will be developed for individuals being admitted to institutions. MGCS will develop triggers to decide when to end formal screening both between pandemic waves and at the end of the pandemic crisis. The employer will consider moving from formal to informal screening, when experts have determined that pandemic influenza is no longer spreading within the community.

SCREENING – PRACTICES AND PROTOCOLS

Screening procedures will be developed in a way that considers cultural sensitivities and information will be available in multiple languages. The screening procedures will outline how the screening is performed, who performs it, whether the screener is to be provided with any personal protective equipment, and what will be done with the individual who is symptomatic or suspected of being infected. These procedures also will address what should be done if the screener feels that the individual being screened is displaying flu symptoms but has answered otherwise and may, in fact, have the disease.

SCREENING LOGISTICS

JHSCs and Health and Safety Representatives will be consulted before screening practices and protocols are implemented in different workplaces.

In OPS buildings, facilities, or institutions the responsibility for implementing the screening procedures could be assigned to the ministry with the most employees and a management presence.

> Health Canada reports that 4,000 Canadians die each year from the seasonal flu; however, they report that number could rise to 11,000 to 58,000 deaths during a pandemic.

Where government services are delivered in leased buildings, there are two possible approaches to screening. In some cases, the government may not implement screening because the property management company responsible for the leased facility will have in place similar and acceptable screening procedures. In other cases, where no screening procedures exist,

individuals likely would be screened before entering the areas where government services are provided.

In buildings with multiple entrances, either entry will have to be restricted or screening locations will need to be set up at each entrance.

NOTIFICATION PROTOCOL

Notification refers to who should be contacted in the event that an employee, contractor, client, or visitor to a government building is reported as having contracted or having potentially contracted the pandemic influenza. Reports of individuals being ill may occur as a result of the screening process or through other circumstances. We must recognize however, that once the virus is prevalent in the community, a notification protocol will likely be discontinued.

The government will develop a corporate notification protocol applicable across the OPS that will balance the individual's right to privacy and the employer's obligation to provide a safe and healthy environment. The protocol will take into account concerns and issues covered by the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The protocol will be developed in consultation with MOHTLC and the Ministry of the Attorney General (MAG). Sharing information about someone who is ill may assist in decision-making around measures that should be taken to protect the health and safety of others in the work environment.

Although notification is not an infection prevention and control measure in and of itself, the protocols will be integrated with the screening procedures.

For any information that may be released as a result of the screening, the individuals being screened will likely be asked to sign a consent and release form, that will identify clearly how the information collected will be used.

The notification protocol also will identify who has lead responsibility for implementing or co-ordinating the implementation of the protocol within the ministries (e.g., manager, or a ministry pandemic co-ordinator). Responsibilities for local level notification of employees and clients likely will be separated from corporate level notifications (e.g. to MGCS Corporate Response Centre).

DENATURING THE VIRUS

That the best defence is an offence has long been a truism in sports. It also applies in matters of public health. The most effective way to keep the flu virus

at bay is to hit it when and where it is the most vulnerable: when it is lying in wait to be picked up off a doorknob, desktop, counter, dial, handle, telephone mouthpiece, or keyboard. Reducing or eliminating the viral populations on these surfaces is key to controlling the spread of pandemic influenza.

Fortunately, the flu virus has a chink in its armour. Remember that bit about the virus wearing a coat of protein? This exposed protein is it its undoing. Damaging, changing, or in science speak denaturing the protein, stops the virus dead. And there is a number of ways to do this. Mechanical stress, such as vigorous wiping or rubbing can rip the protein apart as can pressurized steam cleaning. Detergents, chlorine or household bleach, alcohol-based cleaners, the phenols in surface disinfectants, and stabilized chlorine dioxide are all commonly-used powerful agents that change the protein or disrupt its functioning so that the virus is disabled. So, the frontline defence of the workplace realm is in the hands of a building's cleaning and custodial staff.

The government is committed to protecting the health and safety of its employees. It also has obligations to protect the public as a property owner.

Given these obligations, and the critical role cleaning will play in helping control the spread of pandemic influenza throughout the OPS workplace, the government will ensure that cleaning contractors implement enhanced cleaning protocols, especially for public access areas. These protocols will address the frequency of cleaning; the methods and products to be employed; the personal protective equipment (PPE), if necessary, to be used by staff; the training to be provided staff on cleaning procedures as well as on the correct use, removal and disposal of PPE, and other waste.

Recommendations on cleaning protocols will be made by the infection control specialists, in consultation with the Ministry of Labour Provincial Physician and MOHLTC. The Ontario Realty Corporation (ORC) will implement the enhanced cleaning protocols in buildings that the government owns or leases. In other leased accommodations, the ORC and ministries will work with building management to implement the new cleaning protocols.

ONE SIZE DOES NOT NECESSARY FIT ALL!

In developing the enhanced protocols, an important consideration will be to design measures that are appropriate to the workplace for which they are intended. For example, measures that are to be implemented at front counter operations may not be appropriate in public access areas or for back office space. Therefore, consultations will take place with JHSCs on enhanced cleaning protocols for specific workplaces.

ALL HANDS TO THE MOP

Pandemic influenza will affect every aspect of society. One should expect a thinning of the ranks of the cleaning staff. Where staff shortages become pressing, it may not be possible for the remainder to do all the work there is at hand. The government will ask that all employees clean their own workstations using the cleaning materials they will be supplied with. Discussions will take place with JHSCs on the issue of having employees clean their own workstations. The available cleaning staff then will be able to focus their attention on ensuring that public access areas are cleaned to the enhanced standards.

Specialized cleaning protocols also will need to be developed for cleaning staff or their managers to use in the event that an individual who has been working, visiting, or living in a government building or facility is found to have contracted influenza.

EMPLOYER'S LEGAL OBLIGATION

The government, as an employer, has a legal obligation under the *Occupational Health and Safety Act* (OHSA) to provide personal protective equipment (PPE) and appropriate training in its use, where required, to protect the health and safety of employees of the OPS.

It is important to note that the OHPIP does not recommend the use of masks in any workplace outside of the healthcare field. If organizations choose to give their employees masks, then, the use of surgical masks is recommended.

WHO GETS WHAT

The infection control specialists will recommend what PPE, if any, might be required for different workplaces. This exercise will identify the kinds of gloves, booties, gowns, masks, special suits, or goggles that may be required.

Consultations must take place with JHSCs or Health and Safety Representatives on PPE for different workplaces and on related issues such as training, guidelines and availability of PPE.

Other jurisdictions may or may not use different PPE, so decisions around PPE likely will be closely scrutinized by employees and bargaining agents.

Employees will be required to use the PPE that has been identified and authorized as appropriate for their position by the employer. Under the OHSA, employees are responsible for wearing PPE that is provided to them.

AVAILABILITY

PPE may be in short supply once the pandemic hits. So, PPE purchasing decisions should be made well in advance of the crisis and be centrally organized, likely through a vendor of record (VOR). Once government has a decision on PPE for different OPS workplaces, procurement can start.

COSTS

There will be costs for the purchase and storage of PPE. These costs could be significant depending on the type of PPE used (e.g. surgical masks vs. N95 masks). In addition, PPE stock may require replacement if it is not used within the recommended time.

COMFORT

Some employees may have difficulty using PPE for prolonged periods. During SARS, employees who were required to wear gloves and masks had complaints ranging from extreme discomfort to skin irritation and excessive sweating. This issue should be reviewed ahead of time and addressed, if possible. For instance, employees required to wear certain types of PPE may require adjustments to their breaks and/or shifts.

TEAM TALK

In accordance with the OHSA, bargaining agents, JHSCs and Health and Safety representatives will be consulted on, and kept informed about the infection prevention and control measures that are adopted before, during and after the pandemic. Throughout this consultation process, infection control specialists will provide expert advice on why specific measures should be adopted and why they are appropriate for the particular workplace. The specialists also will be able to demonstrate that the OPS protocols are consistent with those issued by MOHLTC and other government agencies. An issue that will likely come to the forefront during the consultation process is what triggers the beginning and then the ending of the infection prevention and control measures.

Third parties may be needed to resolve disputes between the employer and the bargaining agents with respect to the selection of PPE in some instances. The employer intends to take a reasonable approach that meets the needs of both employer and employees. Non-bargaining unit employees will be covered by the employer's policies. After all, it is in everyone's best interests to maintain the health of the OPS during the pandemic crisis.

COMMUNICATING INFECTION PREVENTION AND CONTROL

The infection control specialists will work with MGCS to develop communications materials and a training program to explain the infection prevention and control measures and procedures. Before and during the pandemic, communications materials will be shared with individuals in government buildings and facilities.

For screening, posters mounted in highly visible areas, memoranda from management, and web-based notices on external and internal sites likely will be used. Posters and government websites also will encourage clients and the public to access services online as much as possible, to limit the spread of infection. Communication materials will be developed by MGCS to explain the notification protocol. Training will be provided to those who are responsible for co-ordinating the local and corporate level notification.

It is recognized that employees will require training to ensure they know how to clean their workstations adequately. MGCS will provide access to training, through train-the-trainer sessions supplemented by computer-based training, e.g. instructional CD's, or web video.

For PPE, guidelines and training provided to ministries will include proper use, and safe disposal methods of equipment after use, instructions on how to determine secure storage areas for the equipment and timeframes for the replacement of PPE stocks in accordance with manufacturers' recommendations.

COMMITMENT

The government will do its utmost to keep the workplace safe for all employees. In turn, each employee is expected to do his or her part to limit the spread of pandemic influenza. The sum of the recommended infection prevention and control measures and procedures should assist the public in continuing to receive the services it requires and expects. These measures should also ensure that the OPS workplace remains safe and healthy.

THE WAY AHEAD

FOR MGCS

- Work with the infection control specialists on the infection prevention and control training program and communications materials.
- Consult with bargaining agents and JHSCs or Health and Safety Representatives on infection prevention and control measures, procedures, protocols and issues related to different workplaces.
- Establish an internal committee to review workplace infection prevention and control protocols and to revise them, as required, during the pandemic.
- Develop and distribute a risk assessment template for managers to complete to supplement and confirm the information gathered from the site visits.
- Provide ministries with guidelines on required infection prevention and control measures and procedures for different workplaces.
- Provide train-the-trainer sessions to ministries supplemented by computer-based training, e.g. instructional CD's, or web video.
- Develop a corporate notification protocol applicable across the OPS that will balance the individual's right to privacy and the employer's obligation to provide a safe and healthy environment.
- Develop and distribute to ministries a consent and release form, for any information that may be released as a result of the screening.

FOR MINISTRY PLANNING TEAMS

- Encourage managers to complete risk assessment templates for their workplaces, in consultation with the JHSC or Health and Safety Representative.
- Deliver training sessions, as required, on infection prevention and control measures and procedures. Work with managers to ensure that communications and training materials about infection prevention and control measures are distributed to ministry employees.

- Co-ordinate with managers to identify what screening procedures will be used in each government building and who will be responsible for conducting the screening.
- Co-ordinate with ministry building leads to determine the screening and notification processes to be used in ministry locations.
- Work with managers, as required, to ensure they are trained in the notification protocol.
- Work with senior management to ensure that the appropriate PPE for various employee positions is identified in accordance with MGCS guidelines, once published.
- Assist senior management to ensure that appropriate quantities of required PPE are identified, ordered, received, stored and restocked, as necessary.
- Work with managers to distribute cleaning materials to all ministry workplaces.
- Assist in the distribution of hand sanitizer to all ministry workplaces.
- Work with managers to raise awareness among employees of the importance of hand hygiene and proper hand hygiene techniques. Distribute hand hygiene diagrams, hang hand hygiene posters in prominent areas in the workplace and conduct employee awareness sessions.
- Inform senior ministry officials of their obligation to disclose to the bargaining agent representatives at the ministry level and the local level, and the worker members of the JHSCs, the government's plan for PPE for OPS employees, once MGCS communicates final direction on PPE.
- Inform local managers of their obligation to discuss with the JHSCs or Health and Safety Representatives any PPE issues that the worker members may raise and, if appropriate, refer the issues to corporate officials.

FOR MANAGERS

- Complete the risk assessment template for your workplace, in consultation with the JHSC or Health and Safety Representative.
- Keep an up-to-date record of all employee contact information.
- Ensure that your employees have all communications regarding infection prevention and control measures and procedures.
- Advise your employees that you are available to discuss any questions or concerns they may have about any of the recommended infection prevention and control measures and procedures.
- Identify secure areas with controlled access where PPE can be safely stored. Prepare for future storage, if necessary.
- Identify the type and quantity of PPE required for your employees in accordance with established criteria. Order the equipment and supplies, once you receive direction to do so from senior management.
- Ensure that cleaning materials and instructions on their use are provided to your employees.
- Ensure that your employees know where hand sanitizers are located in the workplace.
- Ensure that your employees receive training they require regarding infection prevention and control measures and procedures specific to their workplace and type of work.
- Inform bargaining agent representatives about the types of PPE that employees will be required to use. Explain the process that was used to determine what PPE was found appropriate for OPS employees in different workplaces.
- Speak to employees after meeting with their union/association representatives and tell them about PPE and address, where possible, any concerns or questions they may have. Convey the same information to non-bargaining employees and address their concerns as well.
- Consult with the JHSC or Health and Safety Representative on issues related to PPE for the workplace.

- Track all employee absences during the pandemic, especially those who report they are ill with influenza.
- Monitor the delivery of services as workplaces return to business as usual.

FOR EMPLOYEES

- Stay home if you feel sick.
- Tell your manager about health issues that may affect your ability to wear or use PPE.
- Protect your own health, the health of your family and your colleagues by washing your hands often and thoroughly and practicing proper cough and sneeze etiquette. Review the advice in Chapter 6: Inevitability of a Pandemic and in Chapter 20: What You Need to Know: Personal and Family Preparedness for an Influenza Pandemic.
- Read all corporate communications regarding infection prevention and control measures and procedures.
- Speak to your supervisor/manager, or worker member of your local JHSC if you have any questions or concerns about any of the infection prevention and control measures or procedures.
- Participate in the screening program at work to help protect your health and that of your colleagues.
- Keep your manager informed about your health status in the event you become ill.
- Use required PPE in accordance with the direction of the employer and dispose of it in accordance with established procedures. Only use PPE that has been identified and authorized as appropriate for your position.

Questions & Answers

Q. I am an employee who supports the delivery of time-critical services to clients. If I start to feel sick, should I try to get into work anyway?

A. No. Please do not come to work during the pandemic if you feel sick no matter how time-critical the service is that you help provide. You risk your own health and the health of other employees. Stay at home, inform your manager, and decide whether you need to contact a health care provider.

Q. I am an employee who was redeployed to perform screening of individuals entering a government building or facility. When will I be able to return to my home position?

A. Please speak to the manager in the area into which you were redeployed or speak to the manager of your home position about when your assignment will end.

Q. Can the employer prevent an employee from entering a government workplace based on the screening results?

A. Yes. The employer has a duty to protect its employees from health hazards so it can prevent an employee from entering a workplace if it has a justifiable reason for suspecting that the employee has a contagious illness such as pandemic influenza.

Q. Does the government have the right to enforce screening of employees and contractors before they enter government buildings?

A. Yes. The employer has the right to enforce screening of employees and contractors where the health and safety of its employees is at risk. The health and safety obligations of the employer under the OHSA and collective agreements apply to situations that engage non-employees as well as contractors.

Q. Will I get paid special/additional pay for being a ministry screener?

A. Compensation decisions applicable during a pandemic have not yet been made.

Q. How will I know the proper way to clean and disinfect my workstation?

A. You will be provided with cleaning materials and instructions on using them.

Q. I'm not paid to clean. Why should I be expected to clean my workstation during the pandemic?

A. The influenza pandemic crisis is an extraordinary event that will likely result in high rates of workplace absenteeism. Many of the cleaners and their managers may not be available to clean OPS workplaces, especially to the enhanced level that likely will be required during the pandemic. All OPS employees will be called upon to work together and do their part to ensure that the workplace is safe for everyone.

Q. Is hand sanitizer effective after its date of expiry?

A. Yes. The expiry date is simply the date at which the hand sanitizer may begin to evaporate. The sanitizer in the dispenser remains effective.

Q. A colleague is not cleaning his/her workstation. What should I do?

A. Approach your manager with your concerns. All employees are encouraged to do their part during the pandemic crisis to keep their workplaces as clean as possible to limit the spread of influenza within the OPS.

Q. As a manager, I'm not happy with the cleaning standards in my office. What should I do?

A. Speak to a representative of the property company that manages your building or facility. If you still have concerns contact your ministry's facility manager.

Q. I have issues with the infection control procedures in my workplace and I am not comfortable working there. What can I do?

A. The first thing you should do is speak to your manager about your concerns. If you still have issues, then speak to your health and safety representative.

Q. What if someone comes to the workplace and is coughing and sneezing?

A. There will be notices at the entrances to all government workplaces asking people to refrain from entering buildings if they display influenza symptoms.

Q. An employee who works next to me appears to have flu-like symptoms. What should I do?

A. Speak to your manager, who will advise you on what you should do.

Q. How did the government decide which PPE should be issued to its employees?

A. The government consulted with experts in the areas of infectious diseases and PPE as well as with MOHLTC, the Ministry of Labour Provincial Physician and with local JHSCs prior to making decisions on PPE.

Q. Did cost play a factor in which type of PPE was purchased?

A. No. The type of PPE chosen was based on scientific evidence, expert advice, and consultation with MOHLTC, MOL and the bargaining agents.

Q. Some of my employees seem to believe that their PPE provides them with all the protection they need against the influenza virus. What should I say to them?

A. Employees who use PPE should be continually reminded to follow all other recommended infection control protocols, especially frequent and thorough hand washing, to avoid becoming infected with the flu.

Q. Some of the employees in our workplace are demanding the same PPE that hospital nurses are being issued. What should I tell them?

A. Health care workers in hospitals are issued PPE appropriate to the level of risk they face in the workplace. The PPE issued to other employees is appropriate for the conditions in their workplace.

Q. My manager says I don't need any PPE but I want to wear my own surgical mask during work. Am I allowed to do so?

A. Speak to a member of your health and safety committee about your concern. Depending on the circumstances, your Health and Safety representative may make further recommendations to you.

Additional Information – Useful Websites

HR OpenWeb Return-to-Work and Employment Accommodation Program:

Intranet: **intra.hropenweb.gov.on.ca** > polices/directives > injury, illness & employment accommodation

Ministry of Health and Long-Term Care:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > influenza pandemic planning > plans, presentations and resources

Guide for Developing a Workplace Health Plan for an Influenza Pandemic

- Sample Entry Point Notice
- Sample Infection Control Poster
- Handwashing Signs and Protocols

WHO pandemic influenza draft protocol for rapid response and containment:

WHO > Programmes and projects > Epidemic and Pandemic Alert and Response (EPR) > Diseases covered by EPR > Avian influenza > Guidelines, recommendations, descriptions

Freedom of Information and Protection of Privacy Act:

www.search.e-laws.gov.on.ca

CHAPTER 10

WHERE'S THE MONEY

Compensation Issues

"During the SARS outbreak, a number of people, including health care staff, were ordered to remain at home to prevent spreading the disease. People faced the loss of income and possibly their jobs. The number of people affected could be far higher during a global flu pandemic, and people subject to restrictive measure will need to have their basic needs met, including some protection for their incomes and jobs."

- Stand on Guard For Thee: Ethical considerations in preparedness planning for pandemic influenza (A report by the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group)

WHERE'S THE MONEY?

A 2005 Hewitt Association Survey revealed that over 70 per cent of respondent companies lacked formal policies to deal with employee pay and benefit issues during an emergency.

Because employees raise compensation questions early in an emergency, the government has drafted the following principles to guide development of a compensation framework that will apply during the pandemic influenza crisis.

- Compensation provisions should not create an incentive for ill or symptomatic employees to come to the workplace.
- Compensation should recognize those employees who have to bear a disproportionate risk compared to other OPS employees.
- Compensation should provide some incentive to employees to continue delivering time-critical services.
- Compensation provisions for the OPS during the pandemic should be in line with those of other large public and private sector employers.

- Compensation provisions should be applied consistently across the OPS, except where differences are required to address unique circumstances.
- Compensation provisions should be communicated to managers and employees as early as possible in the pandemic.
- Entitlements provided during the pandemic crisis are due to the uniqueness and magnitude of this emergency and may not apply to future emergencies.
- Provisions of current collective agreements will continue during the pandemic, unless there is a compelling reason to review and renegotiate them with bargaining agents.
- Staff should be told what triggers are required for the activation and deactivation of any new compensation provisions applicable during the pandemic.
- Employer should compensate employees for long hours of overtime during the pandemic; however, compensation should not encourage employees to work excessive hours.
- Employee's supervisor or alternate must authorize all overtime work.
- Employees cannot pyramid (double count) premium payments; for example, they cannot claim overtime and travel time for the same period.
- Employees who are reassigned will not have their salaries lowered, regardless of the job to which they have been assigned.
- Employees who are reassigned to a different geographical area, beyond their normal commuting distances, should be provided with a compensation incentive that is in addition to overtime pay and to any potential enhanced travel allowances.

> In a 2006 Harvard Study, one in four employees said they would face ser' us financial trouble if they missed 7 to 10 days of work during a pandemic.

Based on the government's experience in dealing with various emergencies, pay treatment during the pandemic is being reviewed in the following areas: overtime; leave with pay; pay on reassignment; holiday pay; stand-by, on-call and call back pay; and travel time.

Currently employees' entitlements to each compensation provision can vary based on employee group and whether they are regular or fixed term. Compensation provisions for employees in bargaining unit positions are spelled out in their collective agreement. The MBC Compensation Directive, along with relevant policies and directives detail current provisions for those employees in non-bargaining positions.

SUBJECT TO CHANGE

A basic principle in the government's approach to compensating employees during the pandemic crisis is that the provisions of current collective agreements will continue, unless there is a compelling reason to review and

renegotiate them with bargaining agents. Likewise, for non-bargaining employees, current provisions will apply unless they do not address the needs of the employer during the pandemic crisis; if so, the employer can amend the MBC Compensation Directive and other applicable policies and directives.

In order to ensure that employees and managers understand their entitlements during a pandemic and that provisions are applied consistently across the OPS, efforts will be made to issue communications as soon as the pandemic appears to be imminent. Communications to employees and managers will stress the fact that any increased or revised compensation entitlements are due to the uniqueness and magnitude of the pandemic and may not apply to future emergencies.

OTHER EMPLOYERS

The Government of Ontario will carefully monitor that its compensation policies during the pandemic are in line with those of other large public and private sector employers who provide time-critical services to the public.

OVERTIME

Because absenteeism during the pandemic will likely be high and enduring, it is possible that employees who are capable of working may be called upon to work additional hours to ensure the continued delivery of time-critical services. These employees will be compensated for the long hours of overtime they will be asked to work.

Managers, of course, will continue their current practice of authorizing all overtime work. In order to monitor overtime costs, ministries may be required to submit overtime reports to MGCS. There will be considerations that are unique to the pandemic emergency. For example, there is the issue of overtime for employees working in alternate workplace arrangements.

Standard overtime provisions will continue for those employees covered in their collective agreement or under the MBC Compensation Directive.

Employees in *some* non-bargaining employee groups are covered by special emergency overtime provisions in the MBC Compensation Directive which cover overtime work "as a result of and during" the emergency. In order for these provisions to apply, the applicable section of the MBC Compensation Directive must be '"triggered." The trigger means that Management Board of Cabinet must declare that an emergency exists, "requiring extraordinary measures to protect public health, public safety or property." Similarly, a trigger is required to end access to these special overtime provisions. In order to do this, Management Board of Cabinet declares that the emergency is terminated.

The timing of a declaration of emergency by Management Board of Cabinet may or may not coincide with the declaration of a provincial

emergency. However, if significant pandemic-related overtime is required before the declaration of a provincial emergency, then Management Board of Cabinet will make a decision on an early declaration within the OPS. Since the pandemic may come in two or more waves, then multiple declarations and terminations may be required, if employees are required to work overtime during all of these waves.

Overtime provisions in the MBC Compensation Directive can be amended on a temporary basis, in order to include groups of non-bargaining employees not currently entitled to overtime, if it is felt these employees will be required to work long hours during the pandemic. The employer will discuss with bargaining agents, if necessary, the requirement to negotiate changes to overtime provisions for particular groups of employees.

GONE BUT NOT FORGOTTEN

There will be many reasons why employees will be absent from the workplace during the pandemic. These may include being quarantined (if quarantine is used as a public health measure during a pandemic); exhibiting flu symptoms; becoming ill; caring for ill family members; caring for dependents because schools and daycares are closed; taking extended bereavement leave; being told by the employer to stay home because the business service is not being delivered; not being able to get to the workplace; or approved volunteering in the community.

The different types of absences noted above can be treated in one of the following ways: use of credits; leave with or without pay; or duty assignment. A duty assignment means that salary remains the same as if the employee were at work.

LEAVE WITHOUT PAY

Employees in all employee groups can access leave without pay. The *Employment Standards Act* provides emergency leave for up to 10 days without pay. The Family Medical Leave provisions of the *Employment Standards Act* provide for up to 8 weeks leave of absence without pay.

SICK WITH THE FLU OR SHOWING FLU SYMPTOMS

The Government is committed to protecting the health and safety of its employees. In order, then, to minimize the spread of infection in the workplace, it will do its utmost to ensure that employees with flu symptoms or who are ill with the flu do not come to work.

Regular employees can use their short-term sickness plan (STSP) to cover absences due to illness, Under the STSP,

six days are paid at 100 per cent of salary and 124 days at 75 per cent of salary. Employees can top up their salary using other credits.

Fixed term employees earn vacation credits and/or attendance credits but they may be reluctant to stay home when they are ill if they do not have enough credits to cover their absence. They do not have access to STSP. In addition, most fixed term employees do not have access to leave with pay (except for bereavement leave). Of course, if this were to change, the employer would be required to reach agreement with the bargaining agents on providing leaves with pay for fixed term employees. This provision would be provided on a temporary basis and would apply to the pandemic only.

CARING FOR OTHERS

As noted previously, all employees have access to leave without pay. All full time and part time regular employees also have access to up to six months leave with pay, on approval of their Deputy Minister, and over six months leave with pay on approval of the Lieutenant Governor in Council. Regular employees have the option of using accumulated credits or accessing leave with pay provisions to provide care to ill family members. Currently fixed term employees can use their vacation credits to care for family members, but the majority of fixed term employees do not have access to leave with pay provisions, other than bereavement leave.

BUSINESS SUSPENSION

If a business service is not being delivered for a time, then the employer will have to consider how employees will be treated. Options include reassigning them or if they cannot be assigned, giving them administrative duties. In that case, employees would have to remain available to return to their normal work, immediately upon being contacted by their manager.

PAY ON REASSIGNMENT

An explained in Chapter 4: Carrying On, during the pandemic, reassignment likely will be used by the government to maintain the delivery of time-critical services. In the past, employees who were reassigned during emergency situations were paid according to their existing entitlements. If this option is used for the pandemic period, then employees would not have their salaries lowered, regardless of the job to which they have been assigned. Therefore, employees assigned to a job with a lower salary maximum would maintain their current salary.

For employees reassigned to positions beyond their normal commuting distances the employer will consider providing them with a compensation incentive. Any such incentive would be discussed with the bargaining agents. This incentive would recognize the fact that these employees would be required to be away from their homes and families during the pandemic crisis.

As with other compensation provisions, decisions would be required on what triggers the start and end of the incentive and whether it would apply to all of the pandemic waves.

HOLIDAY PAY

It is highly probable that the pandemic will cover at least one or more holidays. There will likely be a requirement for employees in prioritized time-critical services, or those reassigned to them, to work additional hours and on holidays to ensure services are delivered and to manage the emergency.

Holiday pay refers to compensation for time worked on any of the following days: New Year's Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday, Labour Day, Thanksgiving Day, Remembrance Day, Christmas Day, Boxing Day and any new holidays declared by the government.

Currently, there are different entitlements for working on one of the above days, depending on the employee group to which the employee belongs. The employer will consider whether to provide the same entitlement to holiday pay for all employee groups, for the pandemic period. This would involve reaching agreement with the bargaining agents, where applicable and amending the MBC Compensation Directive.

STAND-BY, ON-CALL, CALL BACK

During the pandemic, it is likely that employees working in time-critical services may be required to be available to return to the workplace in order to ensure continued service delivery. On-call and stand-by refer to a period of time outside the regular work period during which an employee keeps himself/herself either available to return to work during a reasonable period of time (on-call) or immediately available to return to work (stand-by). Call back refers to being called back to work before the start of the next regularly scheduled work period.

Some employee groups have access to all three of the above premium payments; some have access to one; and some do not have access to any. The current provisions will apply for those employees currently entitled to the premium payments.

The government will consider whether to provide access to stand-by, on-call and call back for those employee groups not currently eligible for these payments. This would require agreement with the bargaining agents and amending the MBC Compensation Directive.

TRAVEL TIME

To help control the spread of infection during the pandemic, the government will likely cease holding most face-to-face meetings and will suspend most work-related travel. The only exception will be when the government, in order to ensure the continued delivery of time-critical services, requires employees to be reassigned to a different geographic area. For bargaining unit employees, travel time covers travel that is outside of regular working hours, or over and above the regular number of hours of work.

Some groups of non-bargaining employees are covered for travel time under the MBC Compensation Directive. Travel time in the Directive refers to authorized time that the employee spends travelling to a place other than the regular workplace. These provisions will continue to apply during the pandemic. The employer will consider whether to amend the MBC Compensation Directive for the period of the pandemic to cover those non-bargaining employee groups not currently entitled to travel time.

Of course all employees required to travel for work-related purposes will continue to be reimbursed for expenses, such as kilometres (if driving), accommodations, and meals. See Chapter 11: Working Expenses.

An employee cannot claim travel time during the pandemic if the employee is doing work at his/her home that is usually done in another geographic location.

Employees cannot pyramid (double count) premium payments, in accordance with collective agreements, policies and directives. For example, an employee cannot claim overtime and travel time for the same period.

Before the entire emergency compensation package is finalized and approved, all of the provisions must be reviewed together to ensure equitable treatment across employee groups and to determine projected costs for a potentially long-lasting pandemic.

THE WAY AHEAD

FOR MGCS

- When appropriate, provide direction to ministries on compensation provisions for the pandemic period for all employee groups.
- Issue communications materials to employees and managers, including Qs and As, explaining any compensation changes applicable during the pandemic.

FOR MINISTRY PLANNING TEAMS

- Work with your ministry HR to develop ministry-specific compensation Qs and As.
- Work with managers to ensure that communications about pandemic-related compensation provisions are distributed to ministry employees.
- Refer employees to their managers to obtain information/clarification on compensation provisions and/or emergency compensation provisions.

FOR MANAGERS

- Maintain records of your employees' work hours, overtime, and the start and end dates of their reassignments during the pandemic crisis.
- Advise your employees to keep records of their hours, overtime, and the start and end dates of their reassignments during the pandemic.
- Ensure that your employees receive all updates regarding pandemic-related compensation provisions.
- Advise your employees that you are available to discuss their current entitlement and any compensation-related questions or issues.

FOR EMPLOYEES

- Read all corporate communications regarding your compensation entitlements.
- Speak to your manager if you do not understand the entitlements that apply to your employee group.
- Maintain a record of your work hours, overtime, and the start and end dates of your reassignments during the pandemic.

Questions & Answers

Q. I don't know what employee group I'm in and what compensation will apply to me during the pandemic.

A. Speak to your manager who will explain what provisions currently apply or s/he will refer you to your ministry's HR consultant. MGCS will send out Q's and A's to managers and employees early in the pandemic to explain any changes to your entitlements.

Q. If approved by Management Board of Cabinet, when will I receive my 'extra' compensation earned during the pandemic?

A. Given the projected absenteeism rate during the pandemic and the potentially high number of reassignments, it is possible that any extra compensation may not be able to be processed during the emergency. Therefore, you may receive any 'extra' compensation after the pandemic is over.

Q. Employees in my unit belong to a number of different employee groups. As their manager, I am having some difficulty sorting through the differences in their compensation entitlements.

A. Speak to your assigned HR consultant who will be able to explain the different entitlements for each of the employee groups represented in your work unit.

Q. If I work in an alternate workplace arrangement during the pandemic, will I be eligible to receive compensation provisions such as overtime, stand-by or on-call?

A. Application of compensation provisions to alternate workplace arrangements is an area still under review. Direction will be sent to managers and employees as approvals are received.

In most cases, managers would not use stand-by or on-call for employees in these arrangements, since they usually anticipate a "physical'" return to the workplace.

Q. If I'm asked to work during the pandemic and I contract the flu during the time I am traveling to and from work or at work, can I claim Workplace Safety and Insurance Board (WSIB) entitlement?

A. You can file a claim for WSIB benefits, but in order to gain entitlement, you must establish that there is a connection between the condition, influenza, and a requirement by the employer that you work under circumstances that exposed you to the virus, e.g. worker in a daycare, nurse in a correctional facility, lab worker in a public health lab. Every year during flu season, employees pass the flu virus from one to another. Under those circumstances it is very unlikely the WSIB would find the flu to be a compensable illness. In other words you have to establish that you contracted the pandemic influenza in the course of performing your specific job responsibilities.

An employee is generally not considered to be in the course of employment when travelling to and from the workplace, as they are considered to be part of the general public. Exceptions to this are adjudicated based on time, place, activity, the nature of the work, the nature of the environment and the practices of the particular workplace.

Additional Information – Useful Websites

HR Openweb for All OPS Employees:

Intranet: **intra.hropenweb.gov.on.ca**

Public Service of Ontario Act:

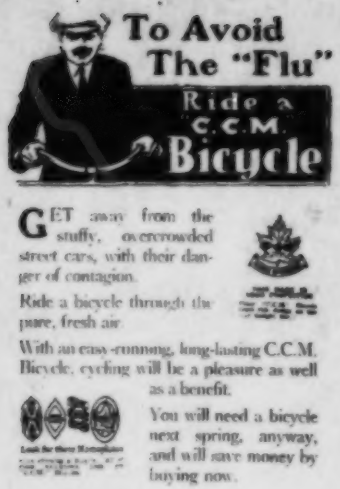
www.e-laws.gov.on.ca

Employment Standards Act:

www.e-laws.gov.on.ca

Workplace Safety and Insurance Board

www.wsib.on.ca


To Avoid
The "Flu"
Ride a
C.C.M.
Bicycle
GET away from the stuffy, overcrowded street cars, with their danger of contagion.
Ride a bicycle through the pure, fresh air.
With an easy-running, long-lasting C.C.M. Bicycle, cycling will be a pleasure as well as a benefit.
You will need a bicycle next spring, anyway, and will save money by buying now.

CHAPTER 11

WORKING EXPENSES

Reimbursement of Employee Work-Related Expenses During A Pandemic

"Expenses must be work-related, be modest and appropriate and strike a balance among economy, health and safety and efficiency of operations."

- Travel, Meal and Hospitality Expenses Directive

WORKING EXPENSES

Alternate workplace arrangements and reassignments will be a fact of working life during the pandemic influenza crisis. The business of government will continue. Time-critical services will be maintained. Because of this, many employees from all employee groups will incur work-related expenses .This is what the Government of Ontario expects; it will bear all reasonable work-related expenses incurred by OPS employees who continue to provide services to the public during the pandemic.

REIMBURSEMENT

The Employer will reimburse all reasonable expenses arising from the reassignment of employees. If employees are required to be away from home or to travel beyond their normal commuting distances, they will be entitled to reimbursement in accordance with the Travel, Meal, and Hospitality Expenses Directive, which is available on MyOPS.

In addition, if a reassignment results in certain other additional expenses, such as for childcare, a claim for these expenses may be approved. Deputy ministers have the authority to approve

such expenses when, in their judgment, there is a legitimate reason to do so. They also have the authority to make final decisions on all matters concerning employee expenses within the ministry.

P-CARDS and TRAVEL CARDS

Corporate purchase cards (P-cards) are at present issued to certain identified employees and managers to pay for office supplies and expenses. Charges to P-cards are paid directly by the government. No cardholders are reimbursed.

Corporate Travel Cards are issued to employees and managers to pay for travel-related expenses such as flights and hotel stays. Charges to a card are in the name of the cardholder and, therefore, the employer must reimburse the employee, who pays the card issuer directly.

At the onset of the pandemic, managers will ensure that identified employees assigned to perform a time-critical service have access to these P-cards and Travel Cards. However, during the initial stages of the pandemic it may prove difficult to arrange for non-cardholder employees to be issued cards. In preparation then, managers have been asked (as part of business continuity planning) to identify those employees who may need to be issued P-cards and/or Travel Cards as required.

Managers also will be responsible for maintaining a list of all employees who have been issued P-cards and Travel Cards, and in reviewing all expenses charged to the cards.

All processes for the use of corporate cards will be clearly communicated to managers before the pandemic occurs.

TIMING IS EVERYTHING

Because of staff shortages during the pandemic, it might not be possible to quickly reimburse employees who have charged work-related expenses to either their Travel Cards or personal credit cards. Therefore, the government will allow all expenses to be covered by P-cards and Travel Cards. In addition, a recommendation will be made to government to temporarily change its current practices and pay directly Travel Card account balances, during the pandemic, as it now does with P-cards. The government will also enable the cash advance function on Travel Cards for the pandemic period.

SPEAKING OF ELIGIBLE EXPENSES AND REIMBURSEMENT PROCEDURES

As soon as the pandemic begins, the employer will clearly inform all OPS employees on which expenses will be covered and which will not; on the appropriate use of P-cards, Travel Cards and cash advances; on filing expense claims; and on the timing of expense reimbursements.

THE WAY AHEAD

FOR MGCS

- Communicate to OPS employees the expenses that will be covered during the pandemic and the conditions under which P-cards and Travel Cards can be used.
- Inform OPS employees of any revisions to the use of Travel Cards, e.g. activation of cash advance option, reimbursement of expenses.

FOR MINISTRY PLANNING TEAMS

- Work with managers to identify all employees in the ministry who currently have P-cards and Travel Cards. Record the current spending limits on all cards.
- Work with managers to identify all employees who currently do not have P-cards and Travel Cards but who will probably incur expenses during the pandemic.
- Determine which ministry managers may need increased credit limits based on staffing needs and on the priority of the time-critical services delivered by the ministry.

FOR MANAGERS

- Keep an up-to-date record of all employees in your area who currently have P-cards and Travel Cards. Record the current spending limits on all cards.
- Identify all employees who currently do not have P-cards and Travel Cards but who will likely incur expenses during the pandemic.
- Determine whether you may need an increased credit limit, based on staffing needs and the priority of the time-critical services delivered in your area.
- Keep an up-to-date record of employee contact information.

FOR EMPLOYEES

- Speak to your managers and union representatives about possible expenses you may incur as a result of working during the pandemic.
- Keep your backup or alternative informed about the status of your work.

Questions & Answers

Q. How do I determine whether I need a P-card and/or a Travel Card to use to pay expenses incurred during the pandemic?

A. Please speak to your manager. Your manager may discuss these options during the planning stages of your ministry's business continuity planning process, or during the pandemic.

Q. Which expenses will I be reimbursed for, and how long will it take for my expense claims to be processed?

A. As soon as the pandemic begins, the employer will provide direction to managers and employees on all eligible expenses, reimbursement procedures and timing. Please speak to your manager to confirm this information.

Additional Information – Useful Websites

MyOPS Travel, Meal and Hospitality Expenses Directive:

Intranet: **intra.ops.myops.gov.on.ca** > purchasing > travel online

OPS General Expenses Directive:

Intranet: **intra.pmed.mbs.gov.on.ca** > MBC directives > general expenses directive (http://intra.pmed.mbs.gov.on.ca/mbc/pdf/GeneralExpenses-dir.pdf)

OPS Card Services:

Intranet: **intra.ops.myops.gov.on.ca** > card services

CHAPTER 12

SUMMER WAGES

Treatment of Students During a Pandemic

"By providing work experience for young people, you will be helping to ensure they will have a fair chance to lead productive, independent lives. They will gain valuable work experience, learn working skills and establish career goals."

-Ministry of Transportation

SUMMER WAGES

The *Employment Standards Act* states that young workers have the same rights as other employees in Ontario workplaces.

Student[1] employees of the OPS are a distinct group. Many are under 25 years of age. They are contracted for a set period. This may be during the summer or for a period of time during the year, in the case of co-op students. They have limited, if any access to the paid-leave provisions of collective agreements or the MBC Compensation Directive. Most, therefore, are in a position of no work – no pay. With reduced employment or no employment, some students will not be able to meet their costs of living or pay for their education. Because of these factors, students will be among the most disadvantaged groups of employees during the coming pandemic crisis.

The Government of Ontario recognizes the vulnerability of its student

[1] For the purpose of this document students are those employees who are hired and paid in the following programs: Co-operative Student Program; Special [student] Employment Program; Ontario/Quebec Summer Student Job Exchange Program; Summer Student Program; Students backfilling a classified position during the incumbent's leave of absence or filling a vacant classified position for a limited duration; other Student Employment Programs, and articling students. Students do not include interns hired under the Ontario Internship Program.

employees. Because the Government is committed to fairness, it will make every effort to treat all OPS student employees equitably during the pandemic, regardless of their geographic location or ministry.

EMPLOYER'S APPROACH

The age of the student is the determining factor in the Ontario government's strategy for the treatment of students during a pandemic.

Students over the age of 18 will be given the option of continuing to work or not working during the pandemic.

Students under the age of 18 will be given a form for their parents or guardians to sign to confirm that they can continue to work.

The employer will help students find another placement if they wish to continue working, if their original business service is not being delivered for a time due to the pandemic.

Finally, as the pandemic may affect certain geographic areas and not other areas of the province for some period of time, a decision will be made corporately as to whether any actions taken with students in affected areas also will be applied simultaneously and consistently to those students in non-affected areas.

This approach to handling student employees balances the need for fairness and equitable treatment while recognizing the unique needs of students.

TIME-CRITICAL SERVICES

Few, if any, student employees will be in positions that deliver time-critical services. Some students, however, might provide support to these services.

The Ontario Government was responsible for the health and safety of over 5,000 summer students in July 2007.

These students may be asked to stay on the job during the pandemic. In these cases students will have the opportunity to either accept or reject the work opportunity, in line with the government's strategy for the treatment of students.

HEALTH AND SAFETY TRAINING

Students choosing to continue their work will be provided with personal protective equipment identical to that supplied to other OPS employees performing the same duties. It is important to note that students likely will have limited knowledge of occupational health and safety and workplace health emergencies. Therefore, ministries will need to determine what if any training in health and safety their students have and arrange for them to receive any necessary training.

LEADING BY EXAMPLE

The Government's treatment of its student employees will set an example for other employers in both the public and private sectors. By being fair and equitable with this distinct and vulnerable group, and by adopting measures to protect their wellbeing, the OPS will set itself as the role model for other employers to emulate.

THE WAY AHEAD

FOR MGCS

- Develop a consent form for students under the age of 18.
- Develop a comprehensive communications plan explaining the treatment of students during a pandemic and issue it to ministries.
- Assist ministries in developing plans for health and safety training for students, specific to the pandemic.

FOR MINISTRY PLANNING TEAMS

- Work with managers to confirm their strategy to deliver services during the pandemic, which could include relying on student employees.
- Co-ordinate with managers to identify where students are normally employed within the ministry, learn what they do and what is their usual contracted term of employment.
- Co-ordinate with managers to identify and train those student employees, if any, who support the delivery of time-critical services in case they may be requested to replace or supplement other OPS employees who may become ill or fatigued.
- Work with ministry managers to ensure that student employees within the ministry have the corporate information they need on the government strategy for students during the pandemic.
- Co-ordinate with ministry student employment co-ordinators or ministry human resources personnel to identify the skill sets, knowledge, and experience of each incoming student employee.

FOR MANAGERS

- Track students employed in your area, the jobs they perform, and their term of contract.

- Identify and train those student employees, if any, who support the delivery of time-critical services in case they may be requested to replace or supplement other OPS employees who may become ill or fatigued.
- Plan for student employees who may choose not to work during the pandemic.
- Plan for possible student employees who may request to serve as additional support program providers to help other OPS employees and their families.
- Keep an up-to-date record of employee contact information, including those of student employees.
- Arrange for required health and safety training.

FOR STUDENT EMPLOYEES

- Do all you can to protect your own health, the health of your family, and your colleagues. (See Chapter 20: What You Need to Know: Personal and Family Preparedness for an Influenza Pandemic)
- As you may decide to continue to report to work during the pandemic, think about alternate ways to travel to work in case public transportation is disrupted or your regular ride becomes ill.
- Have open discussions with your managers and union representatives.
- Keep your manager informed about the status of your work.

Questions and Answers

Q. I currently work as a student employee with the Ontario Government. Am I expected to work during the pandemic?

A. If you are over the age of 18, you will have the option of continuing to work or not working during the pandemic.

If you are under the age of 18, you will be given a form for your parents or guardians to sign to confirm that you can continue to work.

The employer will help you find another placement if you wish to continue working, when your business service is not being delivered for a time. Please speak to your manager to remain informed.

Q. I am a student who supports the delivery of time-critical services to clients. If I start to feel sick, should I try to get into work anyway?

A. No. Please do not come to work during the pandemic if you feel sick no matter how time-critical the service is that you help provide. You risk your own health and the health of other employees. Stay at home, inform your manager, and decide whether you need to seek appropriate assistance from a health care provider.

Q. As a student, I was depending upon my OPS job to help me pay for my education. Will the government pay me my wages even if my job is in a business that is not being delivered and I am not working elsewhere in the OPS?

A. The employer will help students find another placement if they wish to continue working, when their original business service is not being delivered for a time.

Additional Information – Useful Websites

HR OpenWeb HR Strategy Series – Providing Student Placements

Intranet: **intra.hropenweb.gov.on.ca** > hr strategy > rr catalogue > managers > ideas > student placements
(http://intra.hropenweb.gov.on.ca/hrstrategy/rr_catalogue/manager/ideas/studentplacements.htm)

Preventing
Spanish Influenza
Is Better than Curing It
Keep your nasal passages, throat, and lungs in a perfectly antiseptic condition by the use of the Hamilton Violet Ray Ozone Generator. No germs can exist where this is used.
Use it in your home. Install it in your office and factory. Keep your employees healthy and efficient.
Call or phone for a Free Demonstration.

CHAPTER 13

A DUTY OF CARE

Monitoring Employee Absenteeism; The Attendance Support Program; Employee Counselling

"Finally, as in 1918, the public will be affected in profound ways – from depression due to the loss of friends and relatives to financial loss resulting from disruption of business. Corporations, governments, and society will have to ensure financial, psychological, practical and social support for affected families and companies and the rebuilding of society. These are issues that cry out for advance consideration."

Kirsty Duncan, Research Director, Rotman School of Management, U of T Bulletin, 2005.

ABSENT WITH INFLUENZA

During a normal winter influenza epidemic, an average of 5 per cent to 20 per cent of the population becomes ill. Pandemic influenza will be anything but normal. Based on Centers for Disease Control and Prevention software model FLUAID 2.0, pandemic influenza may lead to as many as 15 per cent to 35 per cent of the population becoming ill. In the City of Toronto alone, this could mean more than 900,000 people. As many as 14,000 would require hospitalization, and there could be as many as 5,000 deaths. Dr. Sheela Basrur, Ontario's previous Chief Medical Officer of Health, is on record as saying that as many as 19,700 people could die across the province. As well, the *Ontario Health Plan for an Influenza Pandemic* sees workplace absenteeism rates of 20 per cent or higher. Of course, these are estimates, for planning purposes only. The impact on the province and the workplace may be more or less severe than predicted. Nevertheless, in the event of a pandemic, many of our colleagues within the OPS are likely to be away from work, either ill or caring for the ill.

> Work of every description ceased, and all the trades were abandoned by the artisans, and all other work as well, such as each had in hand. Indeed, in a city which was simply abounding in all good things starvation almost absolute was running riot. – Procopius on the Plague of Justinian, 541 BC.

MONITORING ABSENTEEISM

The government will begin enhanced corporate attendance monitoring and reporting when it becomes apparent that the pandemic has arrived in

Canada, that is, when there is sustained human-to-human transmission in the country. Attendance data collected prior to the onset of the pandemic in the OPS will be compared against baseline attendance records.

Starting the enhanced monitoring early on may provide advance notice of the arrival of the pandemic in the OPS. This will give the employer the ability to act proactively in order to ensure the continued delivery of prioritized time-critical services.

Enhanced attendance reporting will be ongoing until the end of each phase and when the entire pandemic crisis is over.

ATTENDANCE SUPPORT PROGRAM: ATTENDANCE MEANS SUPPORT

The Attendance Support Program (ASP) is one part of the Injury, Illness and Employment Accommodation Program.

The intent of the ASP is to provide early assistance and support to employees who experience short-term absences due to non-occupational illness or injury. The ASP does not apply to employees on Workplace Safety and Insurance (WSI) or Long-Term Income Protection (LTIP).

Maintaining the ASP during the pandemic crisis will be a challenge. However, it is anticipated the program can be continued. Employee attendance will be monitored on a continued basis and modifications to the ASP will be made as appropriate. Any adjustments to the ASP will be communicated to all OPS staff throughout the pandemic crisis.

> Normal winter workplace absenteeism sits at 8 per cent. In the peak two week period of a pandemic that number could possibly rise to 20 to 25 per cent.

EMPLOYEE ASSISTANCE PROGRAM

In addition to the direct impacts of absenteeism on both employees and the organization, the experts agree: a pandemic will affect all aspects of our lives. Panic, depression, and grief are certain to accompany the waves of illness that are its hallmark. As the pandemic runs its course, many of even those otherwise healthy OPS employees will experience a significant rise in their levels of stress. The employer recognizes that it has a duty to address the emotional and psychological needs of its employees during this time of crisis. Consequently, it will make every effort to meet these needs through the Employee Assistance Program (EAP).

> During the SARS crisis, 40 per cent of people surveyed by the Centre for the Study of Traumatic Stress experienced increased stress at work and at home.

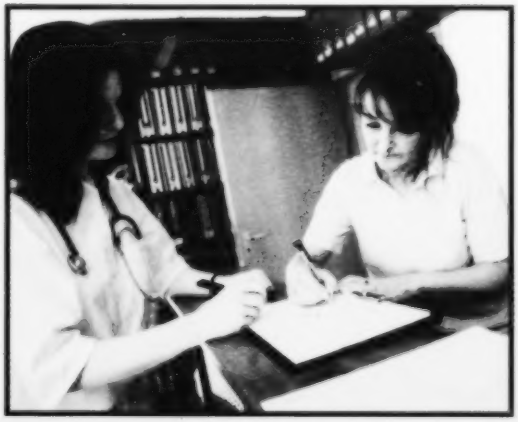
At this time, the OPS EAP provides confidential counselling to all regular and fixed term employees, and their eligible family members for a variety of personal problems. With a staff of professional psychologists, social workers and addiction counsellors, the EAP service provider is available to OPS employees 24 hours a day throughout the year.

INCREASED DEMANDS

During the pandemic, there will be an increased demand for EAP counselling and other similar services, including the provision of trauma support services, worker support counselling, grief counselling, and depression care. At the same time, however, the ability of the EAP service provider to accommodate these increased demands will be severely compromised. Because no matter how dedicated its professional staff may be, the service provider will not be immune to the ravages of the pandemic. Higher absenteeism will thin their ranks. The remaining staff will be hard-pressed to cope.

MGCS is consulting with the current EAP provider to determine its capacity to continue to deliver services during the pandemic. The EAP provider has established a Pandemic Incident Response Team, is increasing the number of counsellors trained in e-counselling and telephone counselling and is augmenting the availability of counsellors for crisis counselling. In addition, the EAP provider is ensuring redundancy in technology to build resiliency into their system.

> 11 per cent of nurses who treated SARS patients suffered traumatic stress reactions including depression, anxiety, and hostility.



PEER TO PEER

As a back up plan, in the event that the EAP provider is unable to meet counselling needs during the pandemic, MGCS may need to establish a volunteer peer-to-peer counselling program – at least in the short term. Employees who volunteer to assist with this program will continue to receive their regular pay and benefit entitlements.

This peer-counselling program will provide direct, limited supports to employees and their families only when the EAP provider is unable to meet all the requests for its services. Ministry-wide and OPS-wide triggers will need to be established to identify the start and end dates of this support program, as well as possible reductions in service levels.

The use of OPS employee volunteers to deliver this additional support will be successful only if a formal, defensible process for selecting and training employees is developed and used across all ministries. The program also will require strong senior management support to ensure that it is provided with sufficient resources during its development and implementation.

ON THE OTHER HAND

Because of the anticipated high absenteeism, the OPS may not have the capacity to maintain this peer-to-peer counselling program throughout the pandemic crisis. There may simply be too few OPS employees available. Or employees may be unwilling to volunteer to provide these services to other employees and their families. This program will be implemented only if the OPS is capable of delivering the priority time-critical services needed during the pandemic.

THE WAY AHEAD

FOR MGCS

- Review and assess attendance information provided by ministries to the CRC during the pandemic.
- Review and monitor the ASP program on a continued basis throughout the pandemic and make modifications as appropriate.
- Develop back up peer-to-peer counselling program.
- Determine qualification criteria, skills and knowledge for employees interested in volunteering to assist in the program.
- Assist ministries by providing information on identification of potential EAP needs.
- When appropriate, send out communications materials, including Qs and As to ministries on the peer-to-peer counselling program, including volunteer qualifications, implementation and administration of program.

FOR MINISTRY PLANNING TEAMS

- Ensure that information about the ASP and STSP claims are available to all ministry managers. Workplace Safety Insurance Board (WSIB) claims information should also be available.
- Work with managers to identify the potential EAP needs of your ministry during the pandemic.
- Work with managers to identify potential volunteers willing to participate in this peer-counselling program. These employee volunteers should not be employees who deliver time-critical services.
- Work with managers to track the knowledge, skills sets and prior experience of this pool of employee volunteers.
- Ensure that the appropriate ongoing training is provided to the employee volunteer counsellors upon corporate approval of this program.
- Determine if the use of alternate workplace arrangements will be appropriate for employee volunteer peer counsellors.
- Establish inter-ministerial committees to develop mutual support programs for the OPS-wide delivery of peer counselling services. The establishment of such committees also will ensure that the confidentiality and privacy of service users will be protected.

FOR MANAGERS

- Familiarize yourself with the ASP, Employment Accommodation and Return-to-Work components of each program.
- Remember that employees are not obligated to provide "diagnosis" related to their illness so use caution when requesting absence information.
- Use discretion and good judgment when handling employee absence issues while continuing to maintain the integrity of ASP. This will assist in the restoration of the workplace.
- Wherever possible, conduct "virtual" accommodation and return-to-work meetings either over the telephone or the internet instead of meeting in person.
- Track, monitor, and report attendance as directed by the ministry.
- Identify the potential EAP needs of your area.
- Identify possible employee volunteers willing to participate in the peer-counselling program. Ideally, these volunteers are not employees who deliver time-critical services.
- Make an inventory of the knowledge, skills sets, and prior experience of these employee volunteers.
- Determine if alternate work arrangements e.g. telephone or internet access will be possible for the volunteer employee peer counsellors.
- Keep an up-to-date record of employee contact information.

FOR EMPLOYEES

- Ensure you have your manager's contact information in case you are unable to work.
- Take care of your own health and learn to recognize the symptoms of flu.
- Consider your skills, knowledge and prior experience either at work or as a volunteer to determine whether you have what it takes to be a peer-to-peer counsellor for other OPS employees and their families.
- Consider the family-related demands that you already face and what alternate care arrangements you can make before volunteering as a peer-to-peer counsellor.
- Consider the possible stress-related demands that may be placed on you as a result of volunteering as a peer-to-peer counsellor.
- Speak openly with your managers and union representatives about any concerns you may have about volunteering for this program or concerns you may have about the program itself.
- Keep your backup or alternate informed about the status of your work.

Questions & Answers

Q. What are the expected rates of absenteeism?

A. According to the Ontario Health Plan for an Influenza Pandemic, absenteeism rates of 20 per cent or higher are likely to occur at the peak of the first pandemic wave.

Q. Who is eligible for the ASP?

A. The program applies to all regular and fixed term employees who receive short-term sickness plan (STSP) or attendance credits, or who may become absent on unpaid leave because of injury or illness.

Employees absent on Workplace Safety Insurance Board claims or long-term income protection (LTIP) are not managed in the ASP.

Q. As a manager, how can I meet with employees as required by the ASP?

A. Depending on the circumstances of the pandemic, modifications to the program may be made. In the interim, practice social distancing and plan to hold your meetings by way of teleconference calls or over the internet.

Q. During the pandemic, does the employer have the right to ask me personal, health-related questions, if I am absent?

A. During the health emergency, the collection of personal information related to contraction of the illness is necessary for the employer to manage its workforce and to contain the spread of infection within the OPS. Therefore, it is in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*.

Q. How do I identify myself as someone who wants to volunteer to provide peer-to-peer counselling services to other OPS employees?

A. Please speak to your manager and tell him or her that you are interested. Then outline any related knowledge, skills, and experience you have.

Q. If I am selected as a volunteer for this assignment, do I have to leave home?

A. If this program is implemented, and you are selected as an employee volunteer, the program organizer will make arrangements for you to provide your counselling services by telephone or over the internet if possible. You will have the opportunity to discuss these arrangements at that time.

Q. If I help deliver counselling services to OPS employees and I start to feel sick, should I continue to work anyway?

A. No. Under no circumstance should you report to work during the pandemic if you feel sick. No service you provide is so time-critical that you should put at risk your own health and the health of others. Stay home. Inform your manager. Decide whether you need to contact a health care provider.

Additional Information – Useful Websites

Attendance Management:

Intranet: **intra.myops.gov.on**

ASP is a component of the Return-to-Work and Employment Accommodation Program. For more information please go to:

Intranet: **intra.hropenweb.gov.on.ca** > policies/ directives > iiea

Family Medical Leave Memo:

Intranet: **intra.hropenweb.gov.on.ca** > pay and benefits

Family Medical Leave and Legislation and Application and OPS and employees:

Intranet: **intra.hropenweb.gov.on.ca** > pay and benefits > family medical leave

HR Openweb EAP Information for All OPS Employees, OPS Employee Assistance Program Core Services, OPS Employee Assistance Program Enhanced Services:

Intranet: **intra.ops.myops.gov.on.ca** > employee assistance program

CHAPTER 14

FAMILY AID

Support to OPS Employees and Other Ontarians

"During the 1918 Pandemic, one hundred and fifty members of the Imperial Order of the Daughters of the Empire in Hamilton, Ontario, used the kitchen of the First Methodist Church to prepare food for the sick. They provided an average of eleven hundred meals per day. The money for the food often came from anonymous donations."

- Eileen Pettigrew, The Silent Enemy: Canada and the Deadly Flu of 1918.

The employer currently provides supports such as a 24/7 Employee Assistance Program and other supports through the Attendance Support Program as well as Critical Incidence Stress Debriefing in some ministries. It is conceivable, however, that during the pandemic crisis, employees, their families and other Ontarians will require additional supports such as help with dependent care, transportation, and securing supplies of food and water. Where will these supports come from?

INCREASED DEMAND ON COMMUNITY SERVICES

For the duration of the pandemic crisis, employees and community volunteers who normally deliver community services will be fewer in number. This will result in reduced levels of service to the community at the very time the demand on community services will be greater than usual.

OPS employees and their families, like other members of the public, may not have access to community-based services during the pandemic. At the same time, there may be OPS employees in a

position to provide help to their fellow employees and to the broader community. Co-ordinating an employee-based volunteer program will provide a means to connect those able to help with those requiring assistance.

OFFERING A HELPING HAND

In order to provide direct support to OPS employees, their families and other Ontarians during the pandemic, MGCS will develop and co-ordinate an employee and family support program. In less populated areas of the province, where there are fewer OPS employees and the demand for additional supports is likely to be relatively low, MGCS will likely encourage employees to join non-governmental organizations (NGOs) to bolster their ranks. In the Greater Toronto Area (GTA), employees will be asked to join an OPS employee support program to support OPS employees and their families and other Ontarians who may require assistance. During the pandemic crisis, we hope this support cadre will be available to assist with supplying food and water, helping care for dependents, offering bereavement assistance and support, as well as co-ordinating transportation for employees. In providing this support to the public, the support cadre would likely work in co-operation with community service providers.

The benefits of implementing an employee and family support program are many. It would:

- Assist the government in continuing to deliver time-critical services during a pandemic;
- Reduce employee absenteeism related to basic support and family issues by assisting employees in their return to work;
- Reduce the demands on community volunteer service organizations by providing assistance to the wider community;
- Help to maintain morale among employees, and assist the OPS in recovering from the pandemic.

EMPLOYEES AS SUPPORT WORKERS – SOME CONSIDERATIONS

Where required, there will be consultation with ministry managers and bargaining agents at the corporate and local level, to advise them of the support initiatives and their implications for employees.

Because of the expected high rates of absenteeism that will be experienced within the OPS, it may not be possible

to maintain the support program throughout the entire pandemic crisis.

The operation of this program, then, will depend on the ability of the OPS to first deliver priority time-critical services needed during the pandemic. It is likely that the support program will provide direct, defined supports to OPS employees, their families, and other Ontarians for a limited time, while relying on community service agencies to fill the gap when the program is suspended. Ministry and OPS-wide triggers would be established to identify the start and end of the program as well as possible reductions in service levels. Decisions will have to be made about whether the employee support program will operate in the GTA only, or in other areas of the province as well.

In consultation with the infection control specialists, MGCS will consider infection prevention and control measures for the employee support providers. In addition, MGCS will consult with MOL as how the *Occupational Health and Safety Act* would apply to the support program.

In establishing the support cadre, MGCS will develop and implement a formal and fair selection and training process for its prospective employee support providers. To succeed, the support program also will require strong senior management support and ongoing promotion to OPS managers and employees, as a continuous flow of resources and employees will be needed to both develop and implement the program. Ministry managers also will

be expected to monitor the impact of the pandemic on the program as well as its effects on business operations, service delivery, and staff.

MGCS will also require a means by which OPS employees and others can access the program and identify the assistance they require. Then a system will be required to dispatch employee support workers who can provide the required services.

OPS LEADERSHIP AND SUPPORT

The provision of additional supports to OPS employees, their families, and other Ontarians will help relieve pressure on community service providers. It also will demonstrate to other employers in both the public and private sectors that the Ontario government is a model employer that cares for its employees and the broader community, while at the same time continuing to deliver important and time-critical services needed during the pandemic.

The employee support cadre might be a model that could be used to provide additional support during other emergency relief initiatives.

THE WAY AHEAD

FOR MGCS

- Develop and co-ordinate the employee support program, including the means by which OPS employees can access the program and the system for dispatching support workers.
- Develop OPS-wide triggers for the start and phase-out of the employee support program.
- Design and implement a formal and fair selection and training process for prospective employee support providers.
- Distribute communications materials to managers and employees on the support program.

FOR MINISTRY PLANNING TEAMS

- Work with managers to confirm their strategy to deliver services during the pandemic.
- Work with managers to ensure that details of the employee support program are communicated to all ministry employees.
- Assist MGCS by working with managers to identify possible employee support workers within the ministry.

FOR MANAGERS

- Distribute information to your employees about the support program.
- Talk to your employees about their skill sets and experience relevant to providing volunteer support.
- Plan for and track employees who may request permission to assist as additional support program employee volunteers.
- Ensure your employees' and your own contact information is current.
- Communicate with your local union representatives to identify possible employee concerns during the pandemic.

FOR EMPLOYEES

- Advise your manager about your interest in becoming an additional support program employee volunteer
- Question your manager if you are unsure about what the support program entails.
- Keep your backup or alternate informed about the status of your work.
- Report any changes in your contact information to your manager.

Questions & Answers

Q. How do I identify myself as someone who wants to assist in providing support services to other OPS employees?

A. MGCS will establish and communicate the process by which employees can identify their interest in providing support services. Once this information is communicated, contact your manager if you require further information.

Q. Do I have to leave home if I am selected to provide support in this program?

A. It depends on the nature and scope of the program. If this program is implemented, and you are selected as a support worker, the program organizer may arrange for you to provide some of these services by telephone or over the internet, if possible. In other cases, you may be asked to provide services in person, such as distributing supplies to homes. You will have the opportunity to discuss these arrangements at that time.

Q. If I help deliver volunteer support services to OPS employees or the public and I start to feel sick, should I continue to work anyway?

A. No. Please do not report to a volunteer assignment during the pandemic if you feel sick. There is no sense putting your health and the health of others at risk. Stay at home, inform your manager, and decide whether you need to contact a health care provider.

Additional Information – Useful Websites

HR Openweb EAP Information for All OPS Employees:

Intranet: **intra.ops.myops.gov.on.ca** > employee assistance program

CHAPTER 15

GRIEVANCE MANAGEMENT

Management of Pandemic-Related Grievances

"The next pandemic will not be a purely medical or scientific phenomenon. It will play itself out in societies of human beings, with all our faults and foibles. The challenge is often not whether knowledge exists, but whether the human decisions to understand and use knowledge correspond well with the opportunities for meaningful action."

- The Flu Pandemic and You: A Canadian Guide, by Vincent Lam, M.D. and Colin Lee, M.D.

The pandemic influenza crisis will affect everyone within the Ontario Public Service (OPS). Frontline service staff, executive decision-makers, managers, and supervisors all will be confronted with new challenges as a result of the upheaval in the workplace caused by the pandemic. Not all will adapt successfully to the new reality. Due to these new challenges there likely will be an increase in the number of disputes that need a resolution process.

Managing the grievance process throughout the crisis will be a significant challenge in itself because it is anticipated that high rates of absenteeism will limit the number of management and HR staff available for the job.

WHO REPRESENTS OPS EMPLOYEES?

There are seven bargaining agents representing employees of the OPS, as reflected in the table below.

ALOC	Association of Law Officers of the Crown
AMAPCEO	Association of Management, Administrative and Professional Crown Employees of Ontario
AOPDPS	Association of Ontario Physicians and Dentists in the Public Service
OCAA	Ontario Crown Attorneys' Association
OPPA	Ontario Provincial Police Association
OPSEU	Ontario Public Service Employees Union
PEGO	Professional Engineers Government of Ontario

THE CURRENT DISPUTE RESOLUTION PROCESS

There are two boards in the OPS that deal with resolving disputes. They are the Grievance Settlement Board (GSB) and the Public Service Grievance Board (PSGB).

The GSB provides dispute resolution services to Crown employers and bargaining agents as per the *Crown Employees Collective Bargaining Act*. Grievances from AMAPCEO, OPSEU, and PEGO are heard by the GSB.

The PSGB is an independent, adjudicative tribunal that provides dispute resolution services to employers and management and excluded employees under the *Public Service of Ontario Act* (PSOA). Excluded employees are employees who cannot be represented by bargaining agents because they perform management tasks or "confidential to labour relations" related work. Issues that arise among this group are dealt with by the PSGB through mediation or arbitration.

> In 2007, one day of formal arbitration at the Grievance Settlement Board costs approximately $5,500.

Other OPS employees have access to dispute resolution processes established by framework agreements or they can use the courts to resolve disputes.

ALOC, OCAA, and AOPDPS members are covered by framework agreements. There is no governing legislation. The grievance process for disputes related to ALOC, OCAA, and AOPDPS employees involve mediation then arbitration, or mediation-arbitration.

There is no formal arbitration process for disputes affecting classes in the Senior Management Group (SMG).

There is some ability to expedite dispute resolution processes. OPS collective agreements contain language allowing for expedited dispute resolution.

Currently, the GSB can group two or more proceedings together if the cases have a question of law or fact in common.

COMMON ELEMENTS IN GRIEVANCE PROCEDURES

AMAPCEO, OPSEU, and PEGO have the following elements in common as they pertain to grievance management:

- A desire by all parties to expedite the arbitration process
- A joint review process exists to consolidate cases and take positions on matters preceding arbitration
- Guidelines on group grievances, and grievances on discharges, suspensions, demotions, classifications and sexual harassment
- The griever is entitled to attend all meetings with no loss in pay or credits; some collective agreements allow for union representatives to accompany the griever without loss of pay or credits
- If a complaint is not filed within specified timeframes, it is considered withdrawn

EXPEDITED GRIEVANCE PROCESS

In order to manage the grievance process as efficiently as possible, the government will request agreement with the bargaining agents to negotiate an expedited grievance management protocol to be implemented after the pandemic for pandemic-related grievances.

EVERYONE BENEFITS

An expedited protocol is less formal and legalistic than traditional arbitration; it reduces scheduling difficulties and provides a more timely and cost effective solution.

The key elements of an expedited arbitration include agreeing on the facts, calling no witnesses, and with the arbitrator providing a verbal decision on the same day as the hearing. A written decision may follow at a later date.

An expedited protocol will help reduce the backlog of pandemic-related grievances that is likely to exist both during and after the pandemic. It is likely that all parties will view negotiating an expedited protocol as good labour relations practice.

Expert advice will be required to prepare for health and safety and pandemic-related grievances. Implementing an expedited protocol after the pandemic recognizes that during the crisis expert resources likely will be available on a limited basis only.

CHALLENGES

One of the challenges the parties will face is agreeing on which grievances are to be heard first. However, there is a great deal of expertise on labour relations and health and safety in the OPS upon which both management and the bargaining agents can draw.

COMMUNICATIONS

Once agreements are reached with the bargaining agents, details will be released to ministries.

THE WAY AHEAD

FOR MGCS

- Meet with bargaining agents to discuss expedited grievance management for pandemic-related grievances.
- Release details to ministries of agreements reached with bargaining agents on grievances.
- Send out communications materials on expedited grievance resolution protocols to all ministries.

FOR MINISTRY PLANNING TEAMS

- Communicate details of expedited grievance resolution protocols to all managers in a timely and efficient manner.
- Work with local bargaining agents to ensure they are kept up-to-date on pandemic planning.

FOR MANAGERS

- Familiarize yourself with the expedited grievance management protocol. For additional information contact your HR consultant or go to the websites in the attached list.
- Familiarize yourself with current grievance management protocols. For additional information, please contact your HR consultant.
- Have regular, open discussions with your employees, your HR consultants, and your local union representatives.
- Provide your employees with opportunities to discuss pandemic-related issues.
- During the pandemic crisis, track, monitor, and report on pandemic-related grievances to the ministry and Corporate Response Centre.

FOR EMPLOYEES

- If you are a member of a bargaining unit, familiarize yourself with your collective agreement. If you are not part of a bargaining unit, get to know the policies and directives applicable to non-bargaining unit employees.
- Keep informed on pandemic-related issues by reviewing all OPS communications. Approach your manager with questions or concerns.
- If you are experiencing flu-like symptoms you should stay away from the workplace, seek assistance from health services, if necessary, and contact your manager immediately.

Questions & Answers

Q. I feel that I am being treated unfairly. How do I file a grievance?

A. The first thing you should do is speak to your manager to try to resolve the situation. If it cannot be resolved, contact your local union/association representative.

Q. My employees say they are not being properly compensated and are threatening to grieve. Where can I find information on compensation for employees and managers during the pandemic period.

A. For information on compensation packages go to the HR OpenWeb site, once the pandemic has arrived. (see websites on the next page) or see Chapter 10: Where's the Money, or contact your HR consultant.

Q. My grievance has been categorized as a low priority and will therefore not be dealt with until after the pandemic. Who decided my grievance was a low priority?

A. Your bargaining agent and the employer negotiated a priority system for grievances. For additional information, contact your bargaining agent.

Q. If the expedited grievance management protocol is for the post-pandemic period, will it be implemented between waves or after the entire pandemic is over?

A. It is likely that the expedited grievance management protocol will be implemented after the pandemic. However, details regarding whether it will be in place between waves or after the whole event is over have not been determined. Once additional information is available, it will be communicated to management and available to you through your local union representative.

Additional Information – Useful Websites

For human resource information:

Intranet: **intra.hropenweb.gov.on.ca** > agreements

Association of Law Officers of the Crown (ALOC) and the Ontario Crown Attorneys Association (OCAA):

Intranet: **intra.hropenweb.gov.on.ca** > agreements

Association of Management, Administrative and Professional Crown Employees of Ontario (AMAPCEO):

Intranet: **intra.hropenweb.gov.on.ca** > agreements

For Ontario Provincial Police Association – Civilian Collective Agreement:

Intranet: **intra.hropenweb.gov.on.ca** > agreements

For Ontario Provincial Police Association – Uniform Collective Agreement:

Intranet: **intra.hropenweb.gov.on.ca** > agreements

Ontario Public Service Employees Union (OPSEU):

Intranet: **intra.hropenweb.gov.on.ca** > agreements

Professional Engineers Government of Ontario (PEGO):

Intranet: **intra.hropenweb.gov.on.ca** > agreements

Welcome to the Public Service Appeal Boards:

www.psab.gov.on.ca

For OPSEU:

www.opseu.org

For AMAPCEO:

www.amapceo.on.ca

Association of Physicians and Ontario Dentists in Public Service:

Intranet: **intra.hropenweb.gov.on.ca** > agreements

CHAPTER 16

THE RIGHT TO REFUSE

Dealing with Work Refusals During A Pandemic

During the influenza pandemic of 1918, Vancouver witnessed an unlikely alliance. Members of the Metal Trades Council and BoilerMakers Union joined with the Employers Association to help create a central organization to fight the flu.

No one is suggesting that during a coming pandemic crisis, unions representing employees will not work cooperatively with employers to protect the interests of their members. On the other hand, it's likely that individual employees may voice concerns about their health and safety. It is also likely that some employees may express their concern by refusing either to come into work or by refusing certain work assignments. The *Occupational Health and Safety Act* (OHSA) gives employees and their bargaining agents rights to provide protection from anything that may affect an employee's health and safety. Even during a pandemic, the provisions of the OHSA apply to employers and employees.

The Ontario Nurses Association found almost two thirds of their membership felt their health and safety was at risk during the SARS outbreak.

HEALTH AND SAFETY FIRST

Employers, supervisors/managers and building owners are obliged to take all reasonable precautions to ensure the health and safety of employees. These obligations are outlined in the *Occupational Health and Safety Act*, the *Occupier's Liability Act* and in collective agreements.

Under Section 43 of the *Occupational Health and Safety Act*, an employee may refuse to work where he or she has reason to believe that the physical condition or environment in which the

work is being conducted endangers the life, health or safety of himself/herself or of another worker. Some employees have a limited right to refuse work. For example, employees of correctional facilities and those employees where the physical condition or environment described in section 43 is inherent in the employee's work or is a normal condition of the person's employment.

So ministries must make every reasonable effort to communicate to their employees this fundamental truth: the health and safety of all employees will not be compromised by the employer or its agents.

No doubt, despite all assurances, many employees will continue to have concerns.

STRAIGHT TALK

The most successful approach to addressing employee concerns is to confront them directly. That's why employers will need to develop a communications strategy that provides accurate, factual, and timely information to all staff about the seriousness of a pandemic. Not a mushroom strategy. Nor a Pollyanna-ish one, either, where black is white and the only news is good news. As adults and professionals, employees are capable of digesting unpalatable information and then deciding for themselves on the most appropriate, rational, course of action.

OPEN UP

It is also important that OPS managers implement an open-door policy, where it is not currently their practice. All employees should know and feel they are welcome at any time to speak to their managers. By creating an environment that says "I care", employees are more likely to report potential health hazards, declare their own potential flu-like symptoms, or express their concerns about where they are expected to work and the type of work expected of them.

A ministry that keeps its employees informed within a secure, welcoming environment is a ministry that has gone a long way in showing it cares. And as experience has shown, a ministry that communicates with its employees can expect to see significantly fewer of its employees feel the need to refuse to work under the OHSA.

OBLIGATIONS OF EMPLOYEES and SUPERVISORS/MANAGERS

Still, no matter how caring and straight-talking a ministry and its managers are, there may still be work refusals.

Should an employee refuse to work, the employee must immediately notify his

or her supervisor. The supervisor then will investigate in the presence of the employee and a Joint Occupational Health and Safety worker member of the committee or Health and Safety Representative. If the issue is not resolved satisfactorily, the Ministry of Labour (MOL) must be notified.

The MOL will assign an inspector to conduct an investigation. The Inspector will determine if the work refusal is valid or not. If the work refusal is deemed valid the MOL will issue instructions/orders to the employer. If the work refusal is not deemed valid the MOL may tell the parties to deal with the issue as a concern/complaint.

Pending the investigation and decision by the MOL, the refusing worker must remain in a safe place, or be re-assigned to other work that is deemed reasonable and of value. While awaiting the investigation and decision by MOL, another employee can be assigned to perform the work, providing the intended employee, in the presence of a worker member of the JHSC or a Health and Safety Representative has been advised of the work refusal and the reasons for it, in the presence of the refusing employee and his/her representative.

Because of staff absences during the pandemic, as well as increased demand for MOL inspections from other employers, this formal MOL investigation may be both time-consuming and impractical. It will be better by far to establish and maintain good working relationships with employees and their bargaining agents both before and during the pandemic. If there is a meeting of minds, workplace health and safety issues are more likely to be resolved locally and the more formal MOL process can be avoided.

MANAGING WORK REFUSALS

While it is important that every effort be made by managers to prevent work refusals, it is equally important to develop strategies for managing them.

These should include expedited solutions that take into consideration the health and safety of all employees (including the MOL Inspectors themselves) while reducing government liability. The employer will work with the MOL in advance to discuss the approach to resolving work refusals during a pandemic. Any proposed approaches will be discussed with the bargaining agents and JHSCs or Health and Safety Representatives.

The Corporate Response Centre (CRC) will liaise with MOL and corporate employee relations to provide direction and advice to ministries on resolving work refusals quickly and efficiently with minimal disruption. Support services will include toolkits – Q's and A's, guidelines, etc. In turn, ministries will be required to track, monitor, and report work refusals to the CRC.

Perhaps the most important preventative measure for managers to take is to ensure that local ministry JHSCs are functioning well. This means the committees are meeting regularly to discuss and resolve issues and concerns on an ongoing basis.

THE WAY AHEAD

FOR MGCS

- Engage the MOL in advance to discuss the approach to resolving work refusals during a pandemic.
- Distribute corporate communications materials on work refusals to ministries and JHSCs or Health and Safety Representatives.
- CRC, in consultation with MOL and corporate employee relations should provide direction and advice to ministries on resolution of work refusals.

FOR MINISTRY PLANNING TEAMS

- Communicate openly with bargaining agents during the pandemic planning and implementation phases.
- Work with managers to ensure that all corporate communications materials on work refusals are distributed to ministry employees and JHSCs or Health and Safety Representatives.
- In consultation with JHSCs, develop ministry-specific protocols for dealing with work refusals related to the pandemic based on direction provided by MGCS.
- Ask the ministry's Senior Management Committee to designate a senior manager who will have the authority to resolve health and safety issues specifically related to the pandemic. Or consider identifying JHSC co-chairs who can assist in resolving issues.
- Catalogue the various workplace situations where employees have to work closely together or to work with members of the public (e.g. staff at public counters; OPP officers; parole officers).
- In consultation with JHSCs, determine if health and safety training related to the pandemic needs to be tailored to the different business areas of a ministry.

- Adopt a ministry-wide approach to dealing with similar workplace situations for personal protective equipment (PPE) and notification protocols. This may reduce the incidence of work refusals related to inconsistencies in use of PPE.

FOR MANAGERS

- In consultation with JHSCs, do everything you can to make the workplace a safe environment.
- In consultation with JHSCs explore options around the use of any PPE recommended for use during a pandemic, which are consistent across your ministry (See Chapter 9: Some Little Flu Bug).
- Work with local JHSCs to create a positive work environment so staff can report potential health hazards or their own flu-like symptoms.
- Work with local JHSCs to ensure the *Occupational Health and Safety Act* is followed. Ensure that local JHSCs are up and running.
- Have regular ongoing open dialogues with your staff, your local worker JHSC members and your bargaining agent representatives.
- Track, monitor, and report work refusals to ministry response team.

FOR EMPLOYEES

- Notify your supervisor/manager immediately of any potential health hazards in the workplace.
- Speak freely and openly to your managers, your local employee JHSC members and your bargaining agent representatives regarding health and safety concerns.

Questions and Answers

Q. How can I ensure the health and safety of my staff?

A. There are a number of strategies you could put in place to ensure the health and safety of your staff. First, you should review the obligations of employers under the *Occupational Health and Safety Act*. See "A Guide to Managing Health and Safety in the OPS" by using the link below. In particular, note the obligation to take all reasonable precautions to protect the health and safety of staff. You can also consult your local JHSC or your Health and Safety Representative.

http://intra.hropenweb.gov.on.ca > policies and directives > Health and safety

You can access the SafeSmart e-learning program for managers which can help you become familiar with basic health and safety obligations.

You should also ensure that all employer direction about infection prevention and control measures and PPE are followed for your workplace. You should also ensure that your local JHSC is working effectively to address issues.

Q. What should I know about conducting an investigation into a work refusal?

A. Be objective in assessing the reasons for the work refusal. Without compromising security/safety in other areas of the workplace and where appropriate, take all reasonable action(s) required to mitigate the circumstances that prompted the refusal.

Q. If a work refusal is found not to be valid should the refusing employee be ordered back to work?

A. Before ordering staff back to work, supervisors need to inform the refusing worker as to follow up actions, if any, that will be taken to address the matter as a concern or complaint.

Q. What should I do to prepare for the MOL?

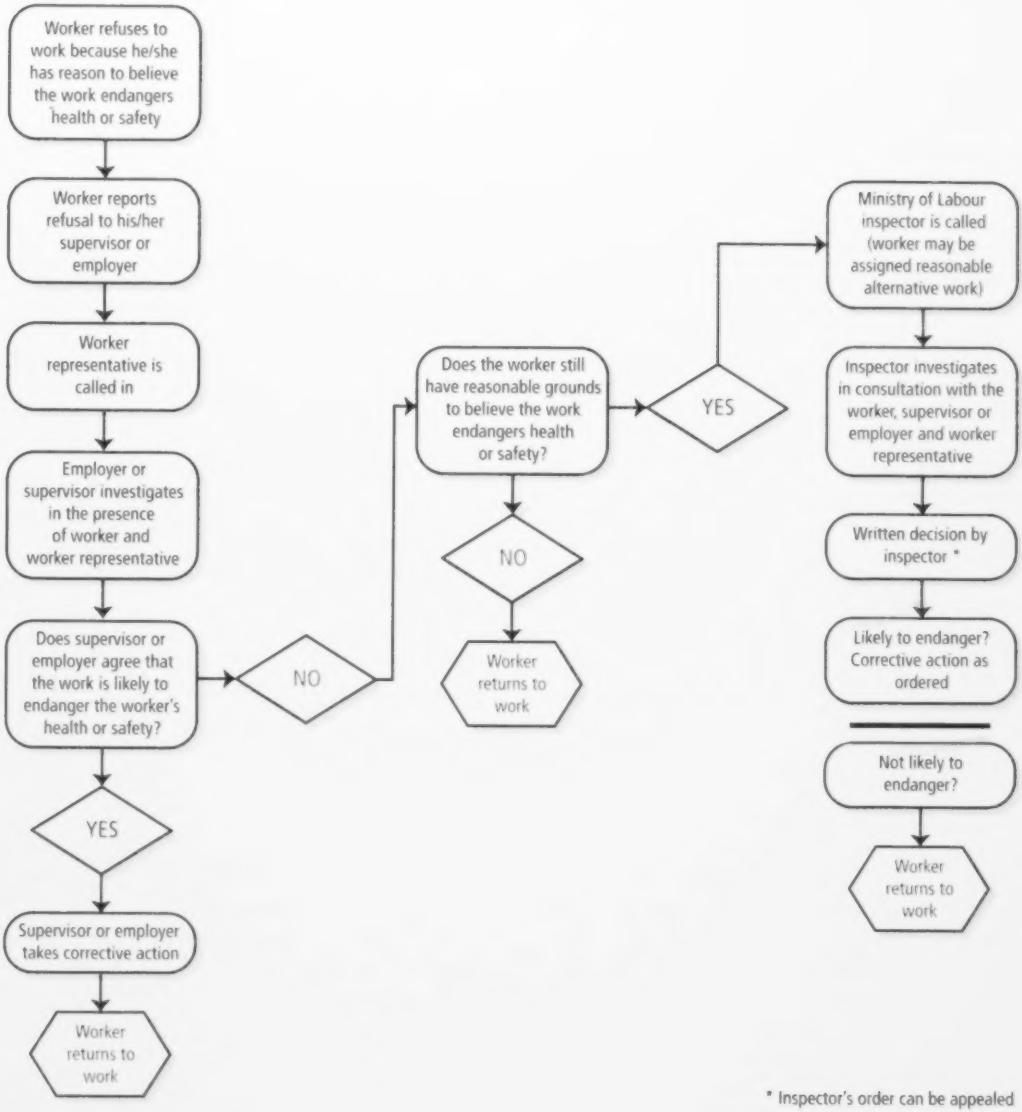
A. Be ready to explain the nature of work being conducted and to provide the MOL with pertinent materials such as policy/procedure manuals, workplace orders, health and safety minutes, any previous MOL orders and so on.

Q. If I have a limited right to refuse unsafe work, and believe my work is endangering me, what can I do?

A. Talk to a member of your health and safety committee.

Work Refusal Flow Chart

The Work Refusal Process


Worker refuses to work because he/she has reason to believe the work endangers health or safety
Worker reports refusal to his/her supervisor or employer
Worker representative is called in
Employer or supervisor investigates in the presence of worker and worker representative
Does supervisor or employer agree that the work is likely to endanger the worker's health or safety?
NO
YES
Supervisor or employer takes corrective action
Worker returns to work
Does the worker still have reasonable grounds to believe the work endangers health or safety?
YES
NO
Worker returns to work
Ministry of Labour inspector is called (worker may be assigned reasonable alternative work)
Inspector investigates in consultation with the worker, supervisor or employer and worker representative
Written decision by inspector *
Likely to endanger? Corrective action as ordered
Not likely to endanger?
Worker returns to work

* Inspector's order can be appealed

Chart courtesy Ministry Of Labour

CHAPTER 17

MAKING THE TRANSITION

Moving Back to Business as Usual in the OPS Between Pandemic Waves and at the End of The Pandemic

"From winter, plague, and pestilence, good lord, deliver us!"

Thomas Nashe (1567-1601) British Writer

Nashe's prayers were answered. The poet, along with most of his family and friends survived the afflictions of his time and place, just as most people likely will survive the pandemic influenza crisis. And as the crisis passes, working life gradually will return to normal, albeit a new normal. Employees reassigned to maintain delivery of time-critical services will begin to receive directions to return to their home positions. Services that were suspended for the duration of the pandemic again will start to be offered. At about the same time, program area managers and their staff will begin to realize and assess the impact pandemic influenza has had on their workplace.

A NEW 'NORMAL'

Some managers and employees will find that the transition to the new normal will present them with a number of challenges. For instance, because of the recurrent nature of pandemic influenza, and its effect on different areas of the province at different times, some employees may not be able to return to work for some considerable interval after the official end of the crisis. When they do return, they may feel estranged or isolated from those who never became ill or who got back on their feet earlier. Employees, however, who remained healthy and on the job throughout the pandemic crisis, in turn may feel a kind of survivor guilt and

may try to avoid the returnees. As well, employees ending reassignments may experience stress related to once again having to make changes to how and where they work as they take up their former positions. And because some employees who might have been friends, colleagues, or just familiar faces are gone, never to return, a general malaise may weigh heavily on the workplace for months after the start of the new normal.

The employer will explore the possibility of holding group sessions for employees to be facilitated by Employee Assistance Program (EAP) counsellors, to assist employees in adjusting to the realities of the 'new' workplace.

PREVAILING CONDITIONS

As the pandemic crisis comes to an end and employees return to work, managers will remove the special measures or provisions that were temporarily put in place. While doing this, managers should strive to ensure all affected employees receive similar treatment consistent with their needs and the conditions prevail within the ministry and throughout the geographic region.

The post-pandemic resumption of service to the public also will be tailored to regional demands, demographic needs, and the availability of ministry employees.

> Seven Weeks after Hurricane Katrina ripped through New Orleans, the Centers for Disease Control and Prevention did an assessment for the Louisiana Office of Mental Health and found that 45 per cent of 166 individuals they interviewed scored high enough on a rating scale for post traumatic stress disorder that they would be expected to accept a referral for mental health services.

TRANSITIONING

Instead of implementing a 'formal' OPS transition strategy ministries will transition to business as usual depending on staff strength in each of their specific geographic locations. For example, ministries will resume all of their services as staffing permits and likewise will end reassignments on a region-by-region basis as business gradually returns to full service. Triggers to end special, pandemic work provisions and entitlements will likely also depend on whether the pandemic wave is 'over' in a particular geographic area. Location-specific communications

will be disseminated to managers and employees on the transition process that will be followed.

In summary, once a pandemic influenza wave is declared over, the transition to the new normal will include a flexible resumption of all business services; a phased ending to all pandemic-related special or enhanced programs and provisions; a return to full business services protocol; and the issuing of location-specific communications and support materials for managers and employees.

Following each wave, the OPS will evaluate the transition process and make adjustments as required to prepare for possible future pandemic waves.

THE WAY AHEAD

FOR MGCS

- Define and communicate triggers to end special pandemic work provisions.
- Evaluate and report on the transition process across the OPS and make recommendations to ministries on adjustments to the process in preparation for possible future waves.

FOR MINISTRY PLANNING TEAMS

- Work with managers to identify the components of a transition strategy that are relevant to both the broader needs of the ministry and the more specific needs of employees, the regions, and their client populations.
- Co-ordinate with managers to identify the prioritized time-critical and non time-critical services within the ministry.
- Develop location-specific communications on the transition process that will be followed and ensure they are distributed to managers and employees.

FOR MANAGERS

- Identify before the onset of the pandemic crisis the positions in your program area that support the delivery of prioritized time-critical services.
- During the pandemic crisis track the attendance status of employees supporting the delivery of prioritized time-critical services in your program area.

- Confirm the broader transition strategy for your ministry as well as the more specific strategies that may apply to particular locations.
- Track all employee absences, especially those who become ill due to influenza.
- Track the number of employees who return to work and report the rates of return to the CRC.
- Monitor the delivery of services as workplaces return to normal.
- Identify future staffing needs in areas affected by employee illness and or death.
- Keep an up-to-date record of employee contact information.

FOR EMPLOYEES

- Do what you can to protect your own health, the health of your family, and that of your colleagues. Wash your hands often.
- Develop alternative arrangements for getting to work in the event public transportation continues to be disrupted or your regular car pooling arrangements end.
- Speak to your managers and union representatives about any concerns you may have about returning to regular work routines.

Questions & Answers

Q. I am an employee who was redeployed to an area that supports the delivery of time-critical services to clients. When will I be returning to my home position?

A. Please speak to your manager in the area to which you were redeployed. Alternatively, remain in communication with your home position manager or ministry HR contact before reporting to your home position.

Q. I am a sick employee who supports the delivery of time-critical services to clients. If I start to feel better, should I try to return to work?

A. No. Please speak to your health service provider and manager or ministry HR contact before reporting back to work, to confirm that you are well enough to return.

Additional Information – Useful Websites

OPS Organizational Health and Wellness website:

Intranet: **intra.ops.myops.gov.on.ca** > organizational health and wellness

EAP website:

Intranet: **intra.hropenweb.gov.on.ca** > policies and directives > iiea

CHAPTER 18

WELCOME BACK TO WORK

Return of Employees to the Workplace

"People expect decisions to be reasonable, open and transparent, inclusive, responsive, and accountable. In the midst of pandemic, when guidance will be incomplete, consequences uncertain, and information constantly changing, and where hour-by-hour decisions involve life and death, fairness is crucial."

- Stand on Guard for Thee: Ethical Considerations in Preparedness Planning for Pandemic Influenza

The pandemic influenza crisis will see many OPS employees become ill. Some may recover quickly and want to return to work immediately. However, others may not be so fortunate. The course of their illness may be longer and more severe and it may give rise to secondary infections. When these individuals eventually return to work, they may not be able to fully resume their duties, or they may not be able to work an entire day – at least, not at first. Because of this, the employer will be required to be sensitive to the needs of all returning employees. In many instances, a "welcome back" will involve making some sort of workplace accommodation, which allows the employee to contribute to the OPS in a way that respects and recognizes the dignity and value of the individual.

CURRENT PRACTICE

The 2007 Employment Accommodation and Return to Work Operating Policy provides advice and guidance to ensure that the OPS, as an employer, provides timely and effective employment accommodation and return to work advice for employees with injuries, illnesses or disabilities. The policy applies to all employees appointed under the *Public Service of Ontario Act*, and to the ministries and agencies that appoint those employees.

The policy is based on a number of principles that are important to remember. First of all, employees will all have different needs and each job situation is different. So employment accommodation will need to be individualized. At the same time, accommodation and return to work efforts must be timely in order to maintain the employee's livelihood, productivity, self-esteem and work readiness.

When an employee is accommodated and returns to work it must be accomplished in a way that respects the employee's dignity. This means that: the employee fully participates in the process; there is support for the employee's full participation in the workplace; there is respect for the employee's accommodation and return to work needs and for the confidentiality of the employee's health information.

PARTNERSHIP

Accommodation is a partnership between the manager, the employee, and in most situations for represented employees, the bargaining agent. In this relationship, the employer has a duty to accommodate and the bargaining agent has a duty to cooperate with respect to accommodation. The employee must assist and cooperate in his/her accommodation. The union/association and the employer work together when the employee requests bargaining agent involvement or when the accommodation may have an impact on the collective agreement and/or the rights of other represented employees.

> A study that tracked 117 SARS survivors found that only 23 had returned to work full-time after one year without any restrictions.

While the policy offers some excellent guidance, some areas may prove difficult to implement during, or after, a pandemic crisis. For example, the policy indicates that the employee's capabilities/limitations/needs should be obtained, if appropriate, from medical practitioners, the long term income protection (LTIP) carrier (for employees receiving LTIP benefits), the Workplace Safety and Insurance Board (WSIB) (for employees returning from WSIB absences) and/or other assessment specialists in health professions. This is sensible and reasonable during normal times. The pandemic crisis, however, will be anything but normal.

ANYTHING BUT NORMAL TIMES

For a start, it is estimated that doctors, nurses and other health professionals will be in short supply during the pandemic. The LTIP carrier and WSIB employee ranks will almost certainly be reduced during a pandemic as well. While it may be appropriate for information to be requested through the employee from these areas to assist in accommodating that employee, it may not be reasonable to expect that this can be done.

Another policy provision requires managers to maintain contact with employees who are absent from work because of injury or illness. This is to communicate concern for the employee's health, obtain information about expected return-to-work date and anticipated accommodation needs. Again, this may not be possible during a pandemic. Many managers and supervisors may be sick themselves leaving their colleagues in the workplace struggling to maintain the delivery of services. Therefore, they won't be able to make those calls.

In addition, an employee's home ministry is responsible for return-to-work efforts on an ongoing basis until the employee is permanently reassigned to another area within the OPS. This, too, may need to be re-examined, given that an employee might become ill after being reassigned to a different ministry during the pandemic crisis.

ENHANCING THE RETURN-TO-WORK PROGRAM

The Ontario government will demonstrate its leadership, social responsibility, and commitment to both employees and the people of Ontario by enhancing the existing *Employment Accommodation and Return to Work Operating Policy*, where necessary, and applying it consistently across the OPS for the duration of the pandemic crisis. The enhanced operating policy will be applied after each wave and at the end of the entire pandemic event.

Most elements of the current policy will be used to assist employees who might require accommodation because they are grieving the loss of a loved one, are physically or emotionally exhausted from caring for ill family or friends, or are emerging from a period of quarantine.

As well, employees wishing to return to work will be screened beforehand to confirm they are no longer ill and are ready to return to work. A ministry

pandemic co-ordinator will likely be the person to fulfill this role. Questions will be drafted by the infection control specialists in consultation with MOHLTC and MOL.

MGCS EMSB is consulting with the Employee Assistance Program (EAP) provider to see whether it has a return to work program that might be useful for the OPS to consider.

A communications plan that targets employees will also be developed. It will address the concerns and unease some might have about working alongside colleagues who have been sick with the flu. Because it is important that no one should suffer ostracism in the workplace, managers will be instrumental in seeing to it that the message of welcome is understood and that it applies to all returning employees.

Enhancing the *Employment Accommodation and Return to Work Operating Policy*, and adapting it to the special conditions and challenges of the pandemic flu crisis should see significantly more employees returning to work more quickly than would be the case otherwise. It is a strategy that will restore to the OPS its ability to deliver the full-spectrum of services the people of Ontario expect.

THE WAY AHEAD

FOR MGCS

- Enhance/revise the existing *Employment Accommodation and Return to Work Operating Policy*, as appropriate to respond to the specific conditions of the pandemic.
- Develop the screening process for returning employees, in consultation with the infection control specialists, MOHLTC and JHSCs.
- Develop and deliver train-the-trainer sessions for ministry screeners.
- Develop a communications plan for the return-to-work strategy during a pandemic and distribute communications products to ministries.
- Consult with the Employee Assistance Program (EAP) provider to see whether it has a return to work program that might be useful for the OPS to consider.

FOR MINISTRY PLANNING TEAMS

- Work with managers to confirm the OPS return–to-work strategy following the pandemic.
- Co-ordinate with managers to identify the process to be used to screen employees before they return to work.
- Work with managers to train ministry screeners before and during the pandemic influenza crisis.
- Ensure that a ministry pandemic co-ordinator is trained as to how to deal with employees before they return to work after their illness.
- Co-ordinate with managers to implement the screening process for returning employees.
- Ensure that managers and others responsible for implementing pandemic return to work and accommodation have the appropriate knowledge, skills, processes and resources.

FOR MANAGERS

- Identify before the onset of the pandemic crisis the positions in your program area that support the delivery of prioritized time-critical services.
- Track the attendance status during the pandemic of employees supporting the delivery of prioritized time-critical services in your program area.

- Safeguard the confidentiality of employees' health information.
- Familiarize yourself with the OPS pandemic return-to-work strategy.
- Assist in the implementation of the return to work process and the screening process that applies to employees in your ministry.
- Identify and train the employees and their backups who will screen employees returning to work.
- Work cooperatively with employees and their bargaining agents, where necessary, who believe they have recovered from the flu, to develop accommodation and return-to- work plans, where required. This would include determining an appropriate schedule for their return to work as well as agreeing on what duties they will perform and what workplace accommodation may be required.
- Keep an up-to-date record of employee contact information.

FOR EMPLOYEES

- Determine how you can get to work in case public transportation is disrupted or your regular ride is ill.
- Talk to your managers and union representatives about your concerns.
- Keep your manager informed about the status of your work.
- Report to your manager the status of your ability to attend work, especially if you should become ill.
- Contact your manager when you feel that you are ready to return to work.
- Collaborate with your manager in developing an employment accommodation and/or return-to-work plan.
- Accept an accommodation/return-to-work solution that meets your accommodation needs and treats you with dignity, even if the solution is not necessarily the one you would have preferred.
- Advise your manager promptly if any changes in health/disability status require changes in an existing accommodation/return-to-work plan.

Questions & Answers

Q. I feel that I am ready to return to work. How will I make that transition?

A. Contact your manager to discuss your desire to return to work. Your manager will liaise with a ministry pandemic co-ordinator who will contact you to confirm your readiness to return to the workplace.

Q. I am feeling emotionally and physically drained by the whole pandemic emergency, although I have not contracted the virus myself. Can the employer provide me with any assistance to help me feel better?

A. You are encouraged to contact the Employee Assistance Program (EAP) that provides confidential personal counselling. You can call the EAP at the following numbers 24 hours a day, seven days a week and 365 days a year to set up an appointment:

Canada Wide

English 1-800-268-5211

TDD (hearing impaired) 1-800-363-6270

Canada Wide

French 1-800-363-3872

ATS (personnes malentendantes) 1-800-263-8035

Q. How can I be assured that my workplace is free from the flu virus?

A. The OPS has implemented infection prevention and control measures and protocols that have been recommended by experts. Ensuring the health and safety of employees and the visiting public are our highest priorities.

Additional Information – Useful Websites

Employment Accommodation and Return to Work Operating Policy:

Intranet: **intra.hropenweb.gov.on.ca** > policies and directives > iiea > return to work

Insurance Carrier Support for Early Return-to-Work and Accommodation:

Intranet: **intra.hropenweb.gov.on.ca** > policies and directives > iiea > insurance support-guide

CHAPTER 19

A BRIEF GUIDE TO BUSINESS CONTINUITY PLANNING IN THE OPS

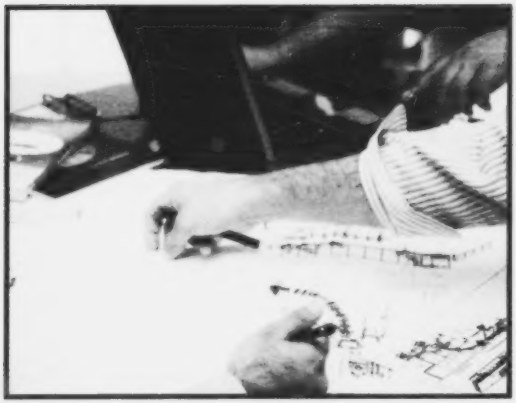
"Setting a goal is not the main thing. It is deciding how you will go about achieving it and staying with that plan."

- Tom Landry, Renowned NFL Coach

BUSINESS CONTINUITY PLANNING - A SYNOPSIS

This chapter is designed to highlight the business continuity planning process used in the OPS. If readers are unfamiliar with the process, this guide will provide them with enough information to understand the concepts, principles, and terms that are employed in this area. This guide also assumes that your organization/ministry has a completed business continuity plan (BCP) and has met the Emergency Management and Security Branch, Ministry of Government and Consumer Services BCP requirements for business continuity plans. After finishing with this guide, readers will understand why their ministry's BCP requires additions and enhancements in order for them to respond appropriately to the coming pandemic influenza crisis.

The foundation of business continuity planning is determining the time-critical services around which the plan is built. The business continuity planning process recognizes that all government services are important but not necessarily time-critical. However, the business continuity planning process must examine all services to determine which must be delivered to the public in a timely manner, specifically, those services that cannot be disrupted or those services that must be recovered and their delivery resumed in as short a period as possible.



During the influenza pandemic crisis, organizations/ministries will play an essential role in reducing the risk to employees' health and safety, as well as in delivering time-critical services. This role will include supporting ministries that are on the front-line of responding to the pandemic. Given the highly uncertain nature of an influenza pandemic, no one can predict how serious it will be and who will be most affected. Therefore, organizations/ministries will be required to enhance aspects of their current BCPs to take into account the unique characteristics of the influenza pandemic crisis. Adapting the ministry's existing BCP for use during this crisis is critical to ensuring the continued resilience of the OPS in the face of such an emergency.

According to a Conference Board of Canada survey, 80 per cent of organizations said they were concerned about the impact a pandemic might have on their business, but only 4 per cent had completed a pandemic preparedness plan.

BUSINESS CONTINUITY PLANNING – A DEFINITION:

The process of developing in advance arrangements and procedures that enable an organization to respond to an event in such a manner that time-critical business services continue without interruption or essential change.

A Business Continuity Plan outlines:

- ***Who*** is responsible for recovery actions;
- ***What*** is needed to recover, resume, continue or restore all functions;
- ***Where*** to go to resume functions or operations;
- ***When*** functions and operations must be restored;
- ***How*** functions and operations will be provided during an emergency and restored after an emergency (detailed procedures for the provision, recovery, resumption, and restoration of services).

A BCP enhances the image of an organization in the eyes of employees, stakeholders, and customers. It demonstrates that the organization is prepared, with a sound strategy to meet the challenges of an emergency. As well, creating a BCP helps improve the overall efficiency of the organization because the process involves closely examining the relationship of people, assets, and financial resources to time-critical services.

THE IMPORTANCE OF BUSINESS CONTINUITY PLANNING

Every organization is subject to operational interruptions, to a greater or lesser degree. Regardless of what causes the interruption, a BCP:

- Identifies the arrangements you need to put in place to ensure vital functions are operating within an acceptable timeframe;
- Ensures that people and resources such as information technology, equipment, financial tools, and accommodations are available when and where needed.

Potential disasters include:

- Natural disaster (fires, floods, blizzards, ice storms, hurricanes, etc.)
- Environmental disaster (pollution, hazardous materials spills)
- Electric power disruption or failure
- Communications/IT network failure
- Infectious disease (pandemic influenza)
- Sabotage
- Terrorist attack

Creating and maintaining a BCP helps ensure that the organization has the resources, people, skills, and knowledge needed to deal, successfully, with these and other emergencies.

Because a BCP provides for the protection of people and assets through controls, and facilitates the resumption of services that are interrupted as a result of an emergency, it is critical to maintaining the public's confidence in government. Incidents such as the August 2003 power outage, or the SARS outbreak in March 2003, demonstrate how such emergencies can affect the health, safety, and prosperity of everyone in the province. In light of these recent traumas, the people of Ontario expect their government to be prepared. This means being able, and being seen to be able, to respond in a timely and effective manner to meet the needs of the public during times of crisis. If this expectation is not met, the legitimacy and competence of the government may be challenged.

STEPS IN CREATING A BUSINESS CONTINUITY PLAN

Overview

1) Governance
2) Inventory of All Services
3) Business Services Risk Assessment
4) Business Impact Analysis
5) Recovery Strategies
6) Design and Develop Functional Area Plans
7) Assemble the Organization's Corporate BCP
8) Communication of Plan and Training
9) Storage, Distribution and Maintenance of Plan
10) Exercising the Plan
11) Response/Recovery
12) Emergency Operation Centre
13) Alternate/Back-up Facilities
14) Recovery and Restoration

1) Governance

A BCP contains a governance structure. This often takes the form of a committee that defines the roles and responsibilities of senior management and ensures that senior management meets its commitments.

2) Inventory of All Services

This step first involves listing the services/programs offered by each of the units, branches, and divisions within your organization.

Then, by determining the period within which each service must resume, you develop a preliminary plan that lists which services will be restored and when. Those services deemed more critical than others will be accorded a higher priority. So, at the top of the order, you list the service or services that simply must be maintained under all circumstances. Next in priority are those services that ought to be restored within one hour. Next come those that should be back on line within a day, or within a week, followed by those less critical services that can remain suspended for a month or more.

Critical infrastructure is physical plant, information technology facilities, networks, services and assets that, if disrupted or destroyed, would seriously affect the health, safety, security, or economic well-being of citizens and/or the government's ability to function.

Time-critical services should be linked to the critical infrastructure necessary for their delivery.

When determining how critical services might be affected, safety and security should be considered along with financial issues, regulatory requirements, legal and/or contractual liabilities, as well as public relations.

3) Business Services Risk Assessment

The Business Services Risk Assessment identifies areas of potential vulnerabilities, suggests and assesses control measures, then recommends and obtains approval for additional control measures that will reduce risks to an acceptable level.

4) Business Impact Analysis

A Business Impact Analysis is an assessment of the potential financial and non-financial costs of a disruption or emergency. It is designed to define the basic requirements for continuing the business services within the organization in case of a major disruption or emergency. The Business Impact Analysis also defines your organization's goal for restoring each business service to a specified level within a specific time. As well, it determines what the minimum requirements are for an initial response.

5) Recovery Strategies

The selection of recovery strategies should be based on a number of factors including cost, the time they take to activate, their applicability to a range of possible emergency/disaster scenarios, the feasibility of their implementation and how well they integrate with the strategies developed by other branches, divisions, and ministries.

The various strategies that might need to be developed may include a vital records strategy, a telecommunications strategy, a data communications strategy, and a business services and processes recovery strategy.

6) Design and Develop Functional Area Plans

When developing branch/unit plans, the focus should be on the consequences of the service interruption rather than the cause of the interruption.

organizations need to develop concrete plans that explicitly state what must be done to recover time-critical services if, for instance, staff is incapacitated, information is lost, and facilities or assets are destroyed or made inaccessible.

Functional Area Plans should incorporate all the costs – both financial and human - of their implementation. This, for instance, may include such items as the cost of transportation to an alternate work site, if necessary; the costs of providing food and housing for the affected staff; as well as the costs to protect the health and safety of staff.

7) Assemble the organizations Corporate BCP

When developing a BCP, an organization should consolidate all plans (division and branch), identifying common components such as plan objective, organization description, and notification procedures. The BCP will include IT and communications plans as well as procedures for testing the plan, maintaining and updating the plan, as well as consulting on the plan and securing its approval.

8) Communication of Plan and Training

All employees should be made aware that a BCP, authorized by senior management, is in place. Awareness sessions should be held and employees should receive material promoting the BCP. This will help avoid confusion when the time comes to implement the BCP.

Employees who are essential to the BCP should be trained and have a clear understanding about the part they are to play.

Restricted information should be shared on a need-to-know basis and is to be protected by both encrypting it and limiting its distribution.

9) Storage, Distribution and Maintenance of Plan

Business continuity planning is not a one-time process that sees plans prepared, approved, and filed. Plans need to be reviewed, assessed and refined on a regular basis. Maintenance should be done when change occurs (e.g. change in services delivered), annually, or before and after an exercise. To assure long-term success, business continuity planning must be central to an organization's core culture. It should also be provided with a budget appropriate to maintaining the BCP.

The storage of the BCP must be secure and its distribution controlled. Copies of the BCP can be placed at a secure off-site location that is accessible 24/7. Document control procedures should be implemented.

BCPs typically are stored electronically, potentially rendering them inaccessible in the event of a power failure or other IT service interruption. To guard against this possibility as well as fires, floods, or other catastrophic threats, it is important to maintain hard copies of the plan and other important

emergency information in multiple locations.

In carrying this out consider:

- Developing a standardized classification system for documents;
- Storing plans in a designated drive on a computer, and then making back-ups weekly or as necessary onto a CD or portable hard drive;
- Storing the entire plan both electronically and in hard copy form where practical;
- Ensuring that the plan is stored offsite;
- Ensuring that the storage "maps" for vital records are available in hard copy form at multiple locations;
- Compiling "Emergency Binders" with vital records to be issued to each critical service provider.

It has been proposed that the process of developing, maintaining and updating business plans be automated through a software package that also will allow the BCP to be available from multiple locations.

10) Exercising the Plan

If a plan is not tested or exercised, it may not work during an emergency or work disruption. Valuable experience and information can be gained through lessons learned during an exercise.

An exercise should be a realistic reflection of a potential crisis.

For it to yield the most valuable information, it needs to be carefully planned and organized. So determine beforehand the areas that are to be tested and what type of exercise it will be, either table top, walk through, or functional, etc.

Exercises should be developed and scheduled regularly in order to achieve and maintain high levels of competence and readiness. And while exercises cost time and resources, they are the best method for validating a BCP.

11) Response/Recovery

Incident response may involve the deployment of teams, plans, resources, measures, and arrangements.

In times of crisis, only highly competent teams ready and able to lead and support recovery operations can achieve an effective response. Team members should be selected from among trained and experienced personnel who know and accept their responsibilities.

The number of teams and the scope of their duties will vary depending on an organisation's size, function, structure, and the amount of time-critical services it offers.

Each team should be assigned specific tasks. The members of each team should be clearly identified. Team members must know their respective roles and responsibilities and understand the team's structure. There should be no confusion over who leads and how decisions are to be made.

A list naming possible alternates to the team should be compiled as well as an up-to-date list of contacts.

For the teams to function in spite of personnel loss or unavailability, members will need to be cross-trained in more that one area of expertise. There also may be need for one or more teams who have expertise in multiple areas or disciplines, who function as a kind of flying squad that can be

dispatched to where the situation is most urgent.

12) Emergency Operations Centre

A location designated as an Emergency Operations Centre (EOC) can be used to manage operations in case of a disruption. Having a designated EOC where information and resources can be co-ordinated, managed, and documented helps ensure effective and efficient response.

13) Alternate/Back-up facilities

If the main facility, IT assets, networks, or applications of an organization are lost, an alternate EOC should be available.

This alternate facility should be determined well in advance of any crisis.

When considering the suitability of an alternate facility, factors such as its cost, vulnerability to threats, location, and the time required to make it operational should all figure in the process.

14) Recovery and Restoration

The goal of recovery and restoration operations is to recover the facility or operation and maintain time-critical service or product delivery. Recovery and restoration may include:

- Redeploying personnel
- Deciding whether to repair the facility, relocate to an alternate site or build a new facility
- Acquiring the additional resources necessary for restoring business operations
- Re-establishing normal operations
- Resuming operations at pre-disruption levels

OPS PANDEMIC INFLUENZA PLANNING

The World Health Organization (WHO) and public health authorities worldwide have encouraged organizations to be prepared for pandemic influenza. Because ministry BCPs tend to be broad all-hazard plans, existing BCPs need to be supplemented with specific strategies to deal with the impact of the pandemic influenza crisis.

Ensuring the OPS workplace is prepared for the pandemic has led to planning at the Ministry of Health and Long-Term Care, Emergency Management Ontario and the Emergency Management and Security Branch of the Ministry of Government and Consumer Services.

Our goal is to consult with our employees through their bargaining agents and broadly within the OPS. Critical stakeholders such as the human resources community, operational managers, employee relations, bargaining agents, public health, and facilities directors, are just some of the many people and groups we are working with to assist ministries in creating the best possible pandemic influenza response plans.

If you are not familiar with the BCP where you work, speak to your manager and ask if training or information sessions in your area's BCP are scheduled. If they are not, ask why not.

CHAPTER 20

WHAT YOU NEED TO KNOW: PERSONAL AND FAMILY PREPAREDNESS FOR AN INFLUENZA PANDEMIC

"Emergencies and disasters can happen at any time. Utilities can be out, roads closed, and crucial supplies unavailable. While local, provincial and federal officials prepare for emergencies, individuals can plan to be prepared at home and at work.

With increased levels of fear and anxiety throughout Canada and the world, it makes sense to prepare for the unexpected. Everyone should be prepared to take care of themselves and their families for up to three days in the event of an emergency or disaster. For example, it could take that long to clear roads due to a severe winter storm."

- Emergency Management Ontario

EMERGENCY PLANNING FOR YOU AND YOUR FAMILY:

WHAT YOU NEED IN YOUR PERSONAL EMERGENCY KIT

Food and Water

- Keep a two-week supply of water and food on hand in your home. During the pandemic, you might not be able to get to a store, stores may be closed, or they may have little on their shelves. Your cache of food and water also will prove to be of value during other types of emergencies, such as a power outage, a severe winter storm, or other natural disaster.
- Keep fluids with electrolytes, such as sports drinks.
- Select and store foods that are non-perishable (will keep for a long time) do not require refrigeration, and that are easy to prepare or that can be eaten without being cooked.

- Ensure that your food selections require little or no water to be added to them. This will help to conserve your supply of drinking water. So, no dehydrated foods! *Some examples of non-perishable food:*
    - Canned meats, fruits, fish, vegetables, beans and soups;
    - Protein or fruit bars;
    - Dry cereal or granola;
    - Peanut butter or nuts;
    - Dried fruit;
    - Crackers;
    - Canned or jarred baby food and formula;
    - Food for your pet.

Medications/Health and Emergency Supplies

- Maintain a generous supply of prescription medications.
- Keep a store of non-prescription drugs for headache, cough and fever, such as acetaminophen (Tylenol) and ibuprofen, as recommended by MOHLTC. Remember that acetylsalicylic acid (ASA) should not be given to those under 18 years of age.
- Keep other medical supplies, such as stomach remedies, cough, and cold medicines, anti-diarrheal medications, fluids with electrolytes, and vitamins.
- Soap and water, or alcohol-based hand sanitizer containing between 60 to 90 per cent alcohol
- Thermometer
- Tissues, toilet tissue, feminine hygiene products, disposable diapers
- Flash light
- Portable radio/batteries
- Don't forget a manual can opener.

Planning Ahead: Home Considerations

- Prepare an emergency contact sheet that contains the names, phone numbers, and addresses of the following individuals or organizations, as required:
    - Local personal emergency contact (such as a family member or close friend);
    - Out-of-town emergency contact;
    - Family physician;
    - Public health department;
    - Pharmacy;
    - Employer contact and emergency information;
    - School contact and emergency information; and
    - Animal hospital.
- Prepare an emergency health information sheet that includes the following information for each family member:
    - Name;
    - Allergies;
    - Past and current medical conditions; and
    - Current medications; and drug dosages.
- Keep the emergency contacts sheet and emergency health information sheet handy with your emergency kit.
- Have cash and cheques on hand.
- Ensure that you have important papers/documents on hand, e.g. citizenship/passports/birth

certificates.

- Talk to family members and loved ones about how they will be cared for if they get sick, and what is needed in order to provide them with care at home.
- Ensure your family's immunizations are up to date.
- Talk to your children about good hygiene habits, such as correct handwashing techniques and cough and sneeze etiquette.
- Consider your childcare needs and develop alternate plans to care for your children in the event that schools and daycare centres are closed.
- Plan home learning activities and exercises. Have materials, such as books and paper, on hand. Also, plan recreational activities your children can do at home.

Planning Ahead: Community Considerations

- Plan for the possibility that many services you take for granted may be disrupted. These could include services provided by hospitals and other health care facilities, banks, stores, restaurants, schools, and post offices.
- Prepare backup plans in case public gatherings, such as volunteer meetings and worship services, are cancelled.
- Consider how to care for people with special needs in case the services they rely on are not available.
- Consider how to care for elderly relatives if community supports are not available.

IF YOU GET THE FLU, HERE IS WHAT YOU CAN DO!

- ***Wash your hands often*** or use a hand sanitizer (if your hands are not visibly dirty), especially after coughing or blowing your noise.
- ***Cover your cough and sneeze*** and dispose of tissues right away.
- ***Stay home if you are sick.*** This will ensure that you get the rest you need and that you do not spread the virus to others.
- ***Drink lots of fluids.*** This includes water, real fruit juice, milk, and herbal teas. It is best to avoid drinks such as tea, coffee, and cola because the caffeine they contain causes your body to lose fluid.
- ***Take basic pain/fever relievers.*** Examples are acetaminophen (Tylenol®) or ibuprofen, as recommended by MOHLTC.
- *Acetylsalicylic acid (ASA or Aspirin®) should NOT be given to children, teenagers, or pregnant women.*
- ***Use a hot water bottle or heating pad.*** Heat, carefully applied for short periods, can help reduce the myalgia (muscle pain) that is a hallmark of flu. Check often when using a heating pad because it can cause burns and blisters to the skin.
- ***Use a cough medicine.*** Choose a multipurpose DM-D-E formulation to take care of the runny nose, cough, and chest congestion that often accompany the secondary infections

that follow the flu.

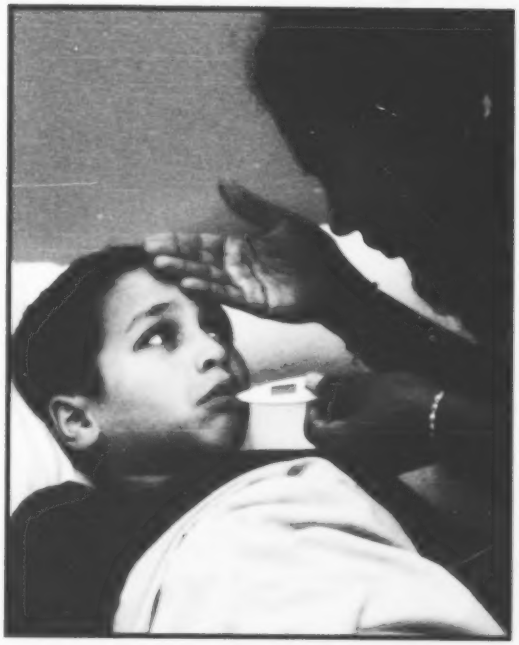
- ***Gargle*** with a glass of warm, salty water and/or suck on sugarless hard candy or lozenges to ease your sore throat.
- ***Enjoy a warm bath with Epsom salts.***
- ***Use saline drops or spray or decongestants.*** These help soothe or clear a stuffed nose.
- ***Get lots of rest.***
- ***Avoid alcohol and tobacco.*** Smoking especially irritates damaged airways.
- ***Avoid sharing anything that may harbour viruses*** such as towels, lipstick, cigarettes, drinks, or toys.
- ***Keep a sick person's dishes, kitchen utensils and towels separate from others in the home.***
- ***Clean hard surfaces such as door handles and kitchen countertops more frequently.***
- ***Ask your pharmacist for advice if you buy over-the-counter medicine.*** Let the pharmacist know if you have any chronic medical problems.
- ***Call someone to help you until you feel better.*** This is especially important if you live alone, are a single parent, or are responsibie for the care of someone who is frail or disabled.

WHEN SHOULD YOU SEEK MEDICAL HELP?

- With the flu, you will experience a high fever, extreme fatigue, aching joints, and muscle pain. You will feel these effects throughout your entire body. It is common for the flu to lay you low for a week or more, and its effects may linger for an additional week or two.
- If you do not start to feel better in a few days, or your symptoms get worse, you should call Telehealth or seek help right away. Always call your doctor and let him/her know about your symptoms before visiting, so you do not infect other people in the waiting room.
- Also, call your doctor immediately if you get sick with the flu and have heart or lung disease; other chronic health problems that require regular medical attention; if you are elderly or frail; or if you have an illness or are on treatments that affect your immune system.
- Your doctor may prescribe an antiviral medication, such as Tamiflu, if he or she thinks it is necessary. Antibiotics also may be prescribed to treat secondary infections such as bacterial pneumonia. Antibiotics do not combat the virus that causes the flu.

WHEN SHOULD YOU SEEK MEDICAL HELP FOR A CHILD?

- If you notice any of the following symptoms, seek medical help right away:
  - Fast or difficulty in breathing;
  - Bluish or dark-coloured lips or colour;
  - Drowsiness to the point that you can't wake up the child;
  - Severe crankiness or not wanting to be held;
  - Not drinking enough fluids or showing signs of dehydration;
  - Improvement in symptoms and then sudden worsening of them.



ADDITIONAL INFORMATION:

Knowing the facts about pandemic flu is the best preparation. Identify sources you can count on for reliable information. Talk to your local health care providers and public health officials.

When making your individual and family plan:

www.health.gov.on.ca > public information >ministry programs > emergency management unit > personal emergency preparedness > make a plan

When making your personal emergency kit:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > personal emergency preparedness > personal emergency kit

Staying healthy during a flu pandemic:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > personal emergency preparedness > publications > influenza pandemic > fact sheets

Taking care of yourself and your family:

www.health.gov.on.ca > public information > ministry programs > emergency management unit > personal emergency preparedness > publications > influenza pandemic > fact sheets

If you require more information, please visit:

www.influenza.gc.ca

1918 Spanish Flu Pandemic – An extraordinarily lethal form of avian influenza, which caused an estimated 25 to 50 million deaths worldwide between 1918 and 1919. The H1N1 type of flu virus sparked one of the most deadly pandemics in human history.

Alcohol-based Hand Sanitizers – Alcohol rubs/gels/rinses are excellent hand antiseptics, provided they contain more than 60 per cent alcohol. They are widely used in healthcare settings, or in situations where running water is not available. Alcohol-based hand rubs should only be used if no visible dirt is present on the hands.

Alternate Workplace Arrangements – A work arrangement for employees to conduct all or some of their work away from the primary workplace. Also known as telecommuting, flexiwork, flexiplace, telework, and virtual work.

Antibiotic – Medicine used to treat infection caused by bacteria. Antibiotics do not protect against viruses such as influenza.

Antiseptic – Inhibits the growth of micro-organisms and are consequently able to prevent infection and diseases caused by them.

Antiviral – Medication that can be used during the flu season for the prevention and early treatment of the flu. They work by reducing the ability of the virus to reproduce. If taken shortly after getting sick (i.e. within 48 hours), they can reduce flu symptoms, shorten the length of the illness, and reduce serious complications.

Asymptomatic – Lacking noticeable signs or symptoms of disease.

Avian Influenza – Also referred to as avian flu or bird flu, a virus originating and occurring mostly in birds. Currently, the most virulent strain of avian influenza is the H5N1 virus.

AI is a contagious viral infection caused by the influenza virus type A, which can affect several species of food producing birds (chicken, turkey, quails, guinea fowl, etc.) as well as pet birds and wild birds.

The disease occurs worldwide. While all birds are thought to be susceptible to infection with avian influenza viruses, many wild bird species carry these viruses with no apparent signs of illness.

Some strains of avian influenza viruses can infect people, although transmission from birds to human is relatively rare. Of the hundreds of strains of avian influenza A viruses, only four are known to have caused human infections (H5N1, H7N3, H7N7, H9N2).

Bacteria – Small unicellular micro-organisms, some of which cause disease.

Bird Flu – A common name of avian influenza. See avian flu.

Business Continuity Plan/ Continuity of Operations Plan (COOP) – The process of developing advance arrangements and procedures that enable an organization to respond to an event in such a manner that time-critical business services continue without interruption or essential change.

CDC – The Centers for Disease Control and Prevention is an agency that is part of the United States Department of Health and Human Services. Its mandate is to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Cold – an upper-respiratory tract infection caused by a virus.

Disinfect – To physically or chemically destroy disease-carrying micro-organisms.

Disinfectant – A chemical substance used to destroy viruses and microbes.

Epidemic – An outbreak of infection that spreads rapidly and affects many individuals in a given population at the same time.

Epidemiology – The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to control health problems.

Flu – The shortened, common name for influenza.

H5N1 – A group of type A influenza viruses, some of which cause Low Pathogenic Avian Influenza (LPIA) disease in birds, some of which cause High Pathogenic Avian Influenza (HPIA) in birds, and some of which cause mild or severe disease and deaths in humans. The Asian strain of HPAI H5N1 influenza virus is of particular concern because it has caused high mortality in wild and farmed birds. In humans, the Asian strain of H5N1 has caused the greatest number of cases of severe disease and the greatest number of deaths of all avian strains known to have caused human infection. It is highly contagious among birds. To date, transmission from birds to people has been relatively rare and has been mostly limited to people who had direct contact with infected birds.

Infection- Condition in which virulent organisms are able to multiply within the body and cause a response from the host's immune defences. Infection may or may not lead to clinical disease.

Infectious – A disease capable of being transmitted, with or without direct contact.

Influenza – (commonly known as "the flu") is a serious, acute respiratory illness that is caused by a virus. Influenza spreads by respiratory droplets in infected persons through coughing, sneezing or talking. It is also spread through direct contact with surfaces contaminated by the influenza virus, such as toys, eating utensils, and unwashed hands.

People who get influenza may have a fever, chills, cough, runny eyes, stuffy nose, sore throat, headache, muscle aches, extreme weakness and fatigue. People of any age can get the flu. Illness due to influenza usually lasts two to seven days; sometimes longer in the elderly and in people with chronic diseases. Most people who get influenza are ill for only a few days. However, some people can become very ill, possibly developing complications and requiring hospitalization.

Immunization – works by stimulating the immune system, which is the natural disease-fighting system of the body. Healthy immune systems have the ability to recognize invading bacteria and viruses and produce antibodies to destroy or disable them.

Isolation – The separation and restriction of ill people to stop the spread of that illness to others. People in isolation may be cared for in their homes, in hospitals, or at designated health care facilities.

Masks – A physical barrier between common entry paths of viruses and bacteria, of the mouth and nose. Not all masks are the same. Some masks are called particulate respirators because they filter particles such as droplets of respiratory secretions emitted by an infected person. Masks such as N95, N99 and N100 require air pass through the respirator, while simple masks involve air entering through the leaky sides.

Morbidity Rate – The number of cases of an illness (morbidity) in a population divided by the total population considered at risk for that illness.

N95 Particulate Respirator – A High Efficiency Particulate Air (HEPA) filter mask or respirator cable of filtering very small particles and some micro-organisms. N stands for "not resistant to oil" and 95 refers to the efficacy of the mask. An N95 mask removes 95% of the particles that are 0.3 microns in size or larger from the air.

Pandemic – A worldwide epidemic, or pandemic, when a disease spreads easily and rapidly through many countries and regions of the world and affects a large percentage of the population where it spreads.

Pandemic Flu – A global outbreak that occurs when a new influenza A virus emerges, to which the population has little immunity, that has the capacity to spread easily from person to person and cause serious human illness.

Personal Protective Equipment (PPE) – Refers to specialized clothing or equipment worn by an individual for protection against hazards including infectious materials.

Quarantine – The separation and restriction of people who have been exposed to contagious illness and may be infected but are not yet ill.

Relenza – An antiviral drug.

Replicate – A flu virus must enter a cell in a host organism in order to make replicas or exact copies of itself. The copies, in turn, infect other cells.

Resistance – The development of strains of a pathogen that are able to withstand the effects of an antimicrobial agent.

SARS (Severe Acute Respiratory Syndrome – SARS is thought to be caused by a virus from a family of viruses called corona viruses. These viruses are a common cause of upper respiratory illnesses in humans – including the cause of the common cold. First reported in China in November 2002, SARS is contagious and sometimes fatal. Symptoms resemble pneumonia or influenza and include fever, headaches, body aches and dry coughing.

Screening – Screening involves administering a set of questions or tests to determine if the individual may have or has contracted the pandemic influenza. Screening can be self-administered, administered by an employee, manager or specially trained screener, or administered by a health care professional.

Seasonal Influenza – Influenza (or flu) is a common respiratory illness affecting millions of Canadians each year. In Canada, flu season usually runs from November to April.

Social Distancing – Establishing distance between people as a means of reducing the spread of contagious disease. This could mean no face-to-face meetings, no group sessions, limiting or cancelling travel and avoiding crowds.

Surveillance – The collection, analysis, and dissemination of information to assist in the planning, implementation of public health programs.

Symptoms – Any perceptible, subjective change in the body or its functions that dictates disease or phases or disease, as reported by the patient.

Tamiflu – An antiviral drug. Also referred to as oseltamivir.

Transmission – Spreading of an infectious disease from one individual or group to another.

Vaccine- A substance that contains antigenic components from an infectious

Virulence/ virulent – The degree to which microbes, such as viruses, can cause disease. It is the relative ability of a micro to cause disease and the acuteness of resulting symptoms.

Virus – A micro-organism, which cannot grow or reproduce outside a living cell. It invades living cells to keep itself alive and to replicate itself. They cause many common human infections and some rare diseases.

WHO – The World Health Organization is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

USEFUL ACRONYMS

BCP – Business Continuity Plan

CDC – Centers for Disease Control and Prevention

CEPR – Centre for Emergency Preparedness and Response (federal)

CPIP – Canadian Pandemic Influenza Plan for the Health Sector

HC – Health Canada

MEOC – Ministry Emergency Operations Centre

EMCPA – Emergency Management and Civil Protection Act

EMO – Emergency Management Ontario

EMSB – Emergency Management and Security Branch

MAG – Ministry Action Group

MGCS – Ministry of Government and Consumer Services

MOHLTC – Ministry of Health and Long-Term Care

MOL – Ministry of Labour

OHPIP – Ontario Health Plan for an Influenza Pandemic

PERP – Provincial Emergency Response Plan

PHAC – Public Health Agency of Canada

PHIPA – Personal Health Information and Protection Act

PSC – Public Safety Canada

SARS – Severe Acute Respiratory Syndrome

WHO – World Health Organization

PANDEMIC ADVISORY COMMITTEE MEMBERSHIP

NAME	MINISTRY	TITLE
Bonnie Baker	MGCS	Senior Policy Advisor, EMSB
Valerie Beckett	MCSS	Director of Facilities
Janice Campbell	MGCS	Legal Advisor, Legal Services
Aileen Cassells	MGCS	Secretary, Pandemic Advisory Committee
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Superintendent Mal Chivers	MCSCS	Policing and Security
Dr. Leon Genesove	MOL	Provincial Physician, Occupational Health and Safety
Deborah Harvey	MGCS	Corporate Communications
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Peter Macaulay	MGCS	Corporate I and IT Security
Joe Verdirame	MCSCS	Emergency Management Ontario
Malcolm Smeaton	MGCS	Director, EMSB
Alison Smyth	MGCS	Corporate Health and Safety Specialist
Allison Stuart	MOHLTC	Director, Emergency Management Unit
Dennis Tessarolo	MTO	Manager - Frontline Counter Services
Karen Weeks	MTO	Health and Safety Consultant, Health and Safety Subcommittee
Linda Wendel	MGCS	Corporate Employee Relations Manager
Lyn Wood	MGCS	Manager, EMSB

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Giles Gherson - Deputy Minister of Communications and Associate Secretary of the Cabinet

Deborah Newman - Deputy Minister, Community Safety and Correctional Services

Ron Sapsford - Deputy Minister, Health and Long-Term Care

Murray Segal - Deputy Attorney General

Fareed Amin - Deputy Minister, Economic Development and Trade

Phil Howell - Associate Deputy Minister, Treasury Board Office

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"By planning for any crisis, we can simultaneously be prepared for the future, and allay some of the present fears that may exist within the unknown. All too often, it seems that we live in an age of reacting to crisis after the fact, and then debating whether our societal and institutional responses were lacking, or whether we over-reacted. This tendency can be mitigated when the next influenza pandemic arrives, by preparing for it now.

The known risk of an influenza pandemic is an opportunity to put our knowledge of this phenomenon to good use by preparing in advance as individuals and as institutions. The OPS Pandemic Planning Guide is a practical document which addresses real-world concerns. It will help workplaces and individuals decide what actions are both reasonable, and necessary for them to function during the next influenza pandemic."

- Dr. Vincent Lam is an emergency physician, a Giller award-winning author, and the co-author of The Flu Pandemic and You.

"As with most efforts out of your branch, I applaud your openness in allowing bargaining agents to review and comment on drafts at their earliest stages. It is an invaluable process. I also applaud and approve of the novel writing style for the guide."

- Tom Hewitt, Vice President of the Ontario Crown Attorneys' Association

"We are pleased to have been consulted and to have provided feedback for inclusion in "The Guide". Generally, we have found The Guide to be both useful and readable."

- Ontario Public Service Employees Union

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